

DOCUMENT RESUME

ED 301 946

EA 020 506

AUTHOR Hooper, Susan
TITLE Alcohol and Drugs in the Public Schools: Implications for School Leaders.
INSTITUTION National School Boards Association, Alexandria, VA.
PUB DATE Apr 88
NOTE 69p.
AVAILABLE FROM Publication Sales, NSBA, 1680 Duke Street, Alexandria, VA 22314 (\$15.00 prepaid).
PUB TYPE Information Analyses (070) -- Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)
EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Adolescents; *Alcohol Abuse; Alcohol Education; Boards of Education; Community Involvement; *Drug Abuse; *Drug Education; Drug Legislation; Due Process; Educational Environment; Educational Objectives; Elementary Secondary Education; *Prevention; Privacy; Public Schools; Questionnaires; School Surveys; Smoking

ABSTRACT

This report presents an update of the facts surrounding adolescent alcohol and drug abuse and provides resources to assist school boards in developing effective school policies addressing the problem. The prevalence of drug and alcohol use among young people is demonstrated by the results of a survey of the high school class of 1986. Areas of concentration in the survey were cigarette use, alcohol use, and drug abuse education. The physiological and psychological effects of drug and alcohol abuse are explained. Rules against use, possession, sale and distribution of alcohol and drugs, and samples of intervention and prevention policies are included. Emphasized are ways to involve the community and tap into resources that will benefit the educational atmosphere of schools by reducing the incidence of alcohol and drug abuse. Legal issues that should be considered include unreasonable search and seizure under the Fourth Amendment to the United States Constitution; police involvement; and due process of the law protection for students and employees. Appended are (1) two bar graphs of trends in illicit drug use by seniors; (2) a glossary of terms; (3) tips on conducting local surveys of student drug and alcohol use; (4) a drug usage prevalence questionnaire; (5) a curriculum overview on preventing substance abuse; (6) four school chemical abuse policies; (7) undercover drug operations in schools; and (8) a sample policy of investigations and arrests by police. (S1)

.....
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
.....

ED301946

ALCOHOL AND DRUGS IN THE PUBLIC SCHOOLS: IMPLICATIONS FOR SCHOOL LEADERS

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as
received from the person or organization
originating it.

☐ Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official
OERI position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL IN MICROFICHE ONLY
HAS BEEN GRANTED BY

J. Floyd

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

EA 020 506

National School Boards Association

Leonard Rovins, President
Thomas A. Shannon, Executive Director

Office of the General Counsel

August W. Steinhilber, Associate Executive Director
& General Counsel
Gwendolyn H. Gregory, Deputy General Counsel
Susan R. Butler, Director, Administrative Department
Naomi Gittins, Staff Attorney

**Center for Federation Member Relations, State Legislation
& Public Policy**

Michael E. Eader, Associate Executive Director
Martharose F. Laffey, Assistant Executive Director
Adria L. Thomas, Director of Research & Information
Services
Eve Shepard, Manager of Information Services

Author: Susan Hooper

Copyright © 1988 by National School Boards Association
All rights reserved.

This monograph is part of a series of six publications on "Today's Issues in Education." The series is funded through the NSBA Revenue Sharing Fund. Money in the fund is used to financially support the development of programs and materials that are proposed by executive directors of the state school boards associations. Final selection of projects is based on recommendations by the Federation Member Executive Directors' NSBA Liaison Committee and approval by the NSBA Board of Directors. Of primary importance in considering projects to be supported is the value that the products and materials will have in assisting local lay school boards and their members to perform effectively their key role in the governance of public elementary and secondary schools in the nation.

ALCOHOL AND DRUGS IN THE PUBLIC SCHOOLS: IMPLICATIONS FOR SCHOOL LEADERS

April 1988

FOREWORD

Young people are drinking more, more often, and at a significantly earlier age than were the young people of a generation ago. The drugs available to youth today are far more potent and dangerous than they were even five years ago. More is known now about the long-term, harmful effect of many drugs such as marijuana that were perceived by the medical community as relatively harmless 15 years ago.

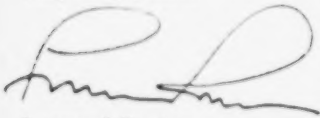
These alarming facts have put into motion massive resources to combat drug and alcohol abuse among young people from community organizations, federal agencies, parents' groups, alcohol/drug treatment institutions, private physicians, researchers, law enforcement officials and school officials nationwide. School board members have the opportunity to demonstrate a leadership role in revising or developing effective policies on drug and alcohol abuse in their school district.

This monograph presents an update of the facts

surrounding adolescent alcohol and drug abuse and provides extensive resources to assist school boards in developing effective school policies addressing the problem. Rules against use, possession, sale and distribution of alcohol and drugs as well as sample intervention and prevention policies (which should be reviewed to ensure applicability to the unique circumstances of each community) are covered. Ways to involve the community and tap into resources that will benefit the educational atmosphere of schools by reducing the incidence of alcohol and drug abuse by young people are emphasized.

In their continuing effort to provide quality education in our public schools, school leaders will want to determine the level of drug and alcohol abuse among their students, publicly acknowledge any problem and strive for community support to end such self-destructive activities. By so doing, they will ensure the health of our next generation.

Very truly yours,



Leonard Rovins
President
National School Boards Association



Thomas A. Shannon
Executive Director
National School Boards Association

TABLE OF CONTENTS

Introduction

School Leaders Respond	1
A Leadership Role	2

The Scope of the Problem

Prevalence of Drug and Alcohol Use by Young People: A Survey of the High School Class of 1986	4
Cigarettes and Alcohol	
Effects of Drug Abuse Education	
Cocaine Use	

Why Young People Use Drugs and Alcohol	6
Physiological and Psychological Factors	
• Growing Pains	
• Adolescents and the Future	

The Condition of Society	8
• The Pursuit of Pleasure	
• Parental Control	
• The Availability of Drugs	

Risk Factors	9
--------------------	---

The Stages of Drug and Alcohol Abuse	11
--	----

The Consequences of Drug Use	12
• Effects upon the User	
• Effects upon the User's Family, Friends & School	

Identification, Referral and Treatment of the User of Drugs & Alcohol	13
--	----

Joining the Fight Against Drug Abuse	14
--	----

What School Leaders Can Do

Getting Started	15
• A Plan of Action	
• Building Interest	

Elements of A Drug and Alcohol Abuse Prevention and Intervention Policy	15
--	----

I. <i>Rules Against Use, Possession, Sale and Distribution</i>	15
• Elements of Drug and Alcohol Abuse Rules	
• Examples of District Policies	
• A Difficult Task	
• Developing Substance Abuse Rules	
• Legal Issues and Community Involvement	
• Enforcement	
• Suspension	
II. <i>Prevention Strategies: Developing a Substance Abuse Curriculum</i>	21
• Focus and Development of the Curriculum	
• Cognitive and Affective	
• Instruction in Many Subject Areas	
• Joint School/Community Substance Abuse Prevention Efforts	
• How Effective is a Substance Abuse Curriculum?	
III. <i>Intervention for Students Who Use Drugs</i>	26
• Staff Training	
• A Pivotal Role	
• Employee Assistance Programs	
• Confronting the Student	
• School Support for Students after Treatment	
• Peer Counseling	
• Student Leadership Training	
• Funding Substance Abuse Prevention	
• Schools that Care	
IV. <i>Involving the Community</i>	31
• How to Begin	
• Persuasive Arguments	
• Police, Service Groups, and Churches	
• Parents' Groups	
• Schools Reaching Out	

Legal Issues To Consider	34
---------------------------------------	----

Conclusion	35
-------------------------	----

Appendix

Appendix 1 — Trends in Lifetime Prevalence of an Illicit Drug Use Index—All Seniors	36
Appendix 2 — Trends in Thirty-Day Prevalence of an Illicit Drug Use Index—All Seniors	37
Appendix 3 — Glossary of Terms	38
Appendix 4 — Tips on Conducting Local Surveys of Student Drug and Alcohol Use	40
Appendix 5 — PRIDE Drug Abuse Prevalence	41
Appendix 6 — Preventing Substance Abuse By Education: An Overview of the Fairfax County, Va., Curriculum	43
Appendix 7 — One School District's Response to Student Drug Use—North Allegheny School District, Penn.	46
Appendix 8 — Other Resources	48
Sample Substance Abuse Policies:	
Appendix 9 — • Warren County (Ohio) Joint Vocational District	50
Appendix 10 — • Grossmont Union High School District (La Mesa, Ca.)	52
Appendix 11 — • Waterford Township School District (Waterford, Mich.)	55
Appendix 12 — Police in Student Clothing: Undercover Drug Operations in Schools	57
Appendix 13 — Sample Policy on Investigations and Arrests by Police: Wake County, N.C.	60

INTRODUCTION

Drug and alcohol use by young people in our country has been described by many experts as "epidemic." A recent study shows that more than half of all high school seniors in 1986 had some experience with illicit drugs, while more than 90 percent of those seniors had experience with alcohol. Most alarming, perhaps, are figures on use of cocaine by high school students: despite growing evidence of cocaine's addictive powers and toxic effects, a recent survey shows that the number of high school seniors reporting daily use of cocaine doubled between 1983 and 1986.

Such statistics place the United States first among all industrialized nations in the number of young people using illicit drugs.

These figures are cause for alarm among school leaders for several reasons. In the first place, of course, use of drugs and alcohol by school students is a violation not only of most school policies but of state laws.

Secondly, scientific research has shown that many drugs, even when taken in small doses, can cause permanent damage to the learning centers of the brain—damage which increases with increased drug use. Children and adolescents, because their bodies and brains are still developing, are particularly vulnerable to the harmful effects of drugs and alcohol. Also, many of the drugs available to young people today are more potent and therefore more harmful than they were ten years ago.

Drug and alcohol abuse by school students cannot be considered in isolation by school officials; such behavior can, and often does, lead to a variety of other conditions that also interfere with education—including truancy, dropping out of school, teenage pregnancy, accidents caused by intoxication, depression and even suicide. In some U.S. cities, violence linked to drug trafficking has claimed the lives of young people.

Even those students who do not use drugs or alcohol are adversely affected by the presence in schools of those who do. For one thing, students who are "high" in the classroom can destroy the atmosphere necessary for learning to take place. In addition, schools where drugs are present can become "war zones," with use and sale of drugs threatening the safety of students and teachers.

In part because of drug and alcohol abuse, then, many of the young people in school today truly are, as one national community intervention group puts it, members of a "generation at risk."

School Leaders Respond

Certainly, the issue of drug and alcohol abuse by students is not a new one for school leaders. Many schools, in fact, already have specific policies in place

pertaining to drug and alcohol abuse by students and staff. Several recent events, however, have sparked renewed interest by the public in finding solutions to this devastating problem. They include:

- the nationwide "Just Say No" to drugs campaign spearheaded by First Lady Nancy Reagan;
- recent controversy over legal issues associated with drug testing—of employees, athletes, and students;
- the cocaine-related deaths in 1986 of sports stars Len Bias and Don Rogers;
- concern that students who share hypodermic needles when injecting drugs could spread the deadly virus that causes acquired immune deficiency syndrome (AIDS); and
- the development of local laws to increase penalties against persons who sell drugs on or near school property.

With public concern growing nationwide, then, the time is right for school leaders to re-assess their own response to the problem of drug and alcohol abuse in their schools. As part of this effort, school leaders can:

- survey their students anonymously to determine the extent and nature of drug and alcohol use in their schools;
- carefully evaluate their student and staff drug and alcohol abuse policies, if they have such policies in place;
- revise those policies, if necessary, or develop policies, if none exist;
- involve parents, law enforcement and health officials, drug treatment specialists, and other members of the community in shaping those policies;
- rigorously enforce those policies;
- develop curricula that encourage students to "say no" to drugs and alcohol; and
- put in place identification and intervention programs to give help to student substance abusers.

This report aims to assist school leaders as they begin and proceed with this difficult, but critical, task. It grew out of a conference on Alcohol and Drugs in the Public Schools held by the National School Boards Association in Washington, D.C., in May 1987.

Speakers at the forum included medical experts, counselors, legal authorities, and education professionals with experience in development of school policies and curricula aimed at drug and alcohol abuse prevention and treatment. (For a complete list of speakers at the forum, see box on page 3.)

Drawing upon the presentations of the forum speakers, interviews and supplemental materials, the report presents three areas of information for school leaders on drug and alcohol abuse:

THE SCOPE OF THE PROBLEM: the medical and social issues surrounding drug and alcohol abuse by school students

WHAT SCHOOL LEADERS CAN DO: development of school policies and curricula to both prevent drug and alcohol abuse and intervene with help for the users, and

LEGAL ISSUES TO CONSIDER: the legal issues surrounding drug and alcohol abuse prevention in the schools.

In addition, the report provides school leaders with a number of "pointers" concerning drug and alcohol abuse prevention. These pointers appear periodically throughout the report. Look for this symbol

A Leadership Role

The issues surrounding drug and alcohol use by school students and staff are complicated, and they stretch far beyond those normally associated with the teaching of "reading, writing and arithmetic"—the supposedly primary concerns of most school leaders.

Understanding drug and alcohol abuse involves becoming familiar with the complex societal factors that enable a person to become a substance abuser. School leaders must also learn of the medical consequences of abuse, which can be subtle but insidious and which can radically alter the personality of the abuser.

Furthermore, addressing drug and alcohol abuse through the development of education policies must be done with a keen eye to a variety of difficult legal issues. In the first place, drug and alcohol use by school students often represents a violation not only of school policy but of state laws. In addition, punishment for drug use or possession in school can involve student suspension or even expulsion, in accordance with due process. And no matter what punitive action is taken, school officials always must ensure that the student's constitutional rights are protected.

Difficult as the issues raised here are, however, school leaders must address them, because drug and alcohol abuse in the public schools cripples a school's ability to carry out its primary task: the education of its students.

Denial of the problem of substance abuse is often practiced by drug and alcohol abusers, and even by their families and friends. Whole communities can also practice denial, if a drug abuse problem is widespread in a town. For many people, facing so grave a problem is simply too painful.

But school leaders do themselves no favors if they try to deny the existence of a substance abuse problem

among their students or staff. Although the task is difficult, school leaders should realize that they need not proceed alone to stop drug and alcohol abuse in their schools. Because drug and alcohol abuse affects that school's entire community, school leaders can and should reach out to their community for help.

Parents' groups, law enforcement officials, social service agencies, health care professionals, religious organizations, civic and business groups all can share in the eradication of drug and alcohol abuse in the schools. Each of these groups is harmed by allowing the problem to continue. In many areas throughout the country, in fact, community groups have made a visible difference in curbing the use of drugs and alcohol by young people.

To help gain support, where necessary, school leaders can develop programs to educate their communities about the dangers and the extent of drug and alcohol abuse. In many communities, local radio and television personalities, sports figures and entertainers—who serve as role models for many young people—will be willing to play an important part in these education efforts.

But while the cooperation of all groups in a community is essential, much of the leadership for acknowledging and fighting drug and alcohol abuse among young people can and should come from the schools—which have been charged with preparing young people for their adult lives.

As William Schofield III, vice president of the Pennsylvania School Boards Association, said in his speech to the NSRA forum, "We must initiate, we must energize, we must take the knowledge, sensitivity and solutions to our communities, stand firm and prevail..." Schofield, who has worked with the drug abuse prevention group Chemical People Institute, continued, "Our individual communities must have the opportunity to care for their children in positive ways, despite societal denial... And we have the obligation in conscience and we have the obligation in common sense to grab that mantle of leadership and go with it."

Drug and alcohol abuse—because it interferes with and in some cases prevents learning—is, whether school leaders like it or not, fundamentally an education issue.

School leaders who want their schools to continue their mission of providing education thus should carefully investigate the level of drug and alcohol abuse among their students, publicly acknowledge the problem, and garner community support to bring such activities to an end. By so doing, school leaders ensure that the true business of schools—to educate the students—can be successfully conducted. ■

Participants in "Alcohol & Drugs in the Public Schools: A Forum For School Leaders"

Presented by the National School Boards Association's Office of the General Counsel, May 18-19, 1987, Washington, D.C.

The following persons spoke at the NSBA forum on alcohol and drugs. Many of them are referred to in this report. Speakers and panelists are listed first, in alphabetical order. Participants in the "public forum" are listed separately, also in alphabetical order.

Speakers and Panelists

Barbara W. Ball, Ph.D.
Corporate Director, Adolescent
Development
The Mediplex Group
New York

Reed Bell, M.D.
Director
Office of Substance Abuse Prevention
Alcohol, Drug Abuse & Mental Health
Administration, U.S. Department of
Health & Human Services
Washington, D.C.

Lee Dogoloff, Ph.D.
Executive Director
American Council on Drug Education
Rockville, Md.

Thomas Gleaton, Ph.D.
Executive Director
PRIDE, Inc.
Atlanta, Ga.

Elizabeth Heffernan
Attorney
Hogan & Hartson
Washington, D.C.

Jonathan T. Howe
1987-88 President
National School Boards Association
Alexandria, Va.

Lloyd Johnston, Ph.D.
Director
Institute for Social Research
University of Michigan
Ann Arbor, Mich.

Katherine Jones, Ph.D.
Consultant
National Association of State Boards
of Education
Alexandria, Va.

(Dr. Jones is currently a member of
the NSBA federal relations staff)

George E. Obermeier, Ph.D.
Executive Director
New Beginnings
Cove Forge, Pa.

Sylvia Schechter
Director of Health, Physical Education
and School Sports
New York City Public Schools
Brooklyn, N.Y.

William J. Schofield III
Vice President
Pennsylvania School Boards
Association
New Cumberland, Pa.
and
Member of the Board of Directors
Chemical People Institute of
Southwestern Pennsylvania

Richard A. Schwartz
Attorney
Tharrington, Smith & Hargrove
Raleigh, N.C.

Richard H. Schwartz, M.D.
Clinical Professor of Child Health and
Development
George Washington University School
of Medicine
Washington, D.C.

Martin Valaske, M.D. (deceased
November 1987)
Associate Medical Director, Chemical
Dependency Unit
North Arundel Hospital
Glen Burnie, Md.

Public Forum Participants

Charles P. Erdeljac, Ph.D.*
Principal
North Allegheny Intermediate School
McCandless, Pa.

Heather Biff
11th grade student, Severna Park High
School and Voting Student
Representative**
Anne Arundel County School Board
Anne Arundel County, Md.

Katherine Jones, Ph.D.
Consultant
National Association of State Boards of
Education
Alexandria, Va.

Domingos S. Lobo
Narcotics Training Specialist
District of Columbia Alcohol & Drug
Abuse Services Administration
Washington, D.C.

John E. McHale, Jr.
Former Chief of Police
Prince Georges County, Md.

Ann Meredith
Health Teacher
Nitro High School
Nitro, W. Va.

George E. Obermeier, Ph.D.
Executive Director
New Beginnings
Cove Forge, Pa.

Robert Renick
School Board Member
Dade County, Fla.

Paula R. Roth
Prevention and Education Officer
National Council on Alcoholism
New York, N.Y.

Nancy Stone, M.D.
Adolescent Psychiatrist
Psychiatric Institute of Washington
Washington, D.C.

Lucy Szydio
Parent
West Warwick, R.I.

* Dr. Erdeljac was principal of North Allegheny Intermediate School from 1981-87. In September 1987 he became principal of Hampton High School in Allison Park, Pa.

** Anne Arundel County School Board is the country's only school board whose student representative has voting power.

THE SCOPE OF THE PROBLEM

Adults confronted with a pattern of drug and alcohol abuse by young people—their students, their children, their friends' and neighbors' children—may be tempted to downplay its seriousness. Especially with young males and alcohol, experimentation may be viewed as a harmless "rite of passage," one which adult males themselves undertook in their own high school days.

Adults may also argue that, with respect to alcohol at least, exposure to beer and wine in one's teenage years helps one understand and control drinking throughout life. For some parents, in fact, teenage drinking is viewed with a kind of pride: it is an indication that the child is growing up.

A broad range of medical doctors, psychiatrists and public health officials argues forcefully against such assumptions. In his book *Drugs, Drinking and Adolescents*, pediatrician Donald Ian MacDonald, M.D.—President Reagan's special assistant for drug abuse policy—writes:

Many of us see normalcy in terms of our own recalled behavior. The recollection many physicians have of their own adolescence includes episodes of alcohol use and intoxication. On this basis these same physicians may accept drug use in their patients as a normal part of growing up. Unfortunately, their recollection does not always jibe with the situation adolescents face today.

Adolescent drug use has changed. In previous times alcohol, which may have been an occasional drug for some, was generally consumed less often, in smaller quantities, and closer to maturity. With the average initial drinking age now [in 1984] at 12.6 years and over one quarter of high school senior boys intoxicated three or more times every two weeks, it is time to re-assess the relevance of previous experience. It has been estimated that 19 percent of youth are experiencing problems with alcohol. Add marijuana, which was just a word to most physicians in their adolescence, to this picture, and serious misconceptions can occur.

In other words, with respect to alcohol, young people are drinking more, more often, and at a significantly earlier age than were the young people of a generation ago.

With respect to drugs, authorities point out that:

- the drugs available today are far more potent than they were even five years ago;
- more is known now about the long-term, harmful effects of many drugs, some of which—such as marijuana—were perceived even by members of the medical community as relatively harmless 15 years ago; and
- two drugs that are rapidly increasing in popularity—cocaine and "crack" cocaine—produce in users a euphoria so powerful that, with crack at least, serious chemical dependency can occur within a matter of weeks.

There is, then, nothing harmless today about youthful experimentation with alcohol and drugs: the consequences are too grave and the chance of suffering those consequences too great. One argument against student substance abuse has always been that use of drugs and—for most students—use of alcohol is against the law. As drugs increase in potency and teenagers continue to drink more and at an earlier age, an even stronger argument may be that substance abuse can permanently cripple the young user's physical, mental, social and emotional development.

Before considering why young people turn to alcohol and drugs* today, and what the effects of drug use are, it may be useful to review recent statistics on the prevalence of drug and alcohol use by young people in the United States today.

Prevalence of Drug and Alcohol Use by Young People: A Survey of the High School Class of 1986

In 1975, Lloyd Johnston, Jerald G. Bachman and Patrick M. O'Malley of the University of Michigan's Institute for Social Research began surveying high school seniors across the country to determine patterns of cigarette, alcohol, and drug use. The survey, conducted in conjunction with the National Institute on Drug Abuse, has continued annually since then.

Results from the 15,200 Class of 1986 seniors polled show some hopeful signs: overall, a recent gradual decline in drug use resumed in 1986 after a slight upswing in 1985. In the case of cocaine use, however, researchers expressed concern over a 1986 increase in:

- the number of frequent cocaine users;
- the number of students who reported difficulty in discontinuing their use of cocaine; and
- the number smoking cocaine—including an increase in the number of those smoking "crack"—a powerful form of cocaine.

Dr. Johnston, who spoke at the NSBA forum, said that the 1986 results follow a pattern: since the late 1970's and early 1980's, drug abuse among young people has been steadily lessening, in many respects. For example, the number of seniors who had ever used

* Substance abuse experts recognize alcohol as a drug because of its ability to alter behavior and cause dependency in the user. In this report, the phrase "drug and alcohol use" is not meant to suggest that alcohol is not also a drug; it is rather a means of stressing that young people often use what are commonly called "drugs"—such as marijuana and cocaine—in addition to using alcohol. By the same token, the phrase "drug abuse" here means use of alcohol by minors, any use of illicit drugs, and the use of prescription drugs in ways not specified by the prescription.

an illicit drug other than marijuana (excluding alcohol and cigarettes), dropped to 38 percent in 1986, down 7 percent from 1982. By the same token, the number of seniors whose use of illicit drugs was limited to marijuana dipped to 58 percent in 1986, down 8 percent from 1982. (See APPENDIX 1).

Active use of illicit drugs—defined as use within the 30 days prior to the survey—shows an even “sharper decline,” according to Dr. Johnston. The number of seniors reporting active use of an illicit drug other than marijuana dropped to 13 percent in 1986, down from 22 percent in 1981. The number of seniors who actively used marijuana declined to 27 percent in 1986—down from 39 percent in 1979. (See APPENDIX 2).

With respect to illicit drugs other than marijuana, the University of Michigan researchers recorded “significant” declines in 1986 in the use of amphetamines, stimulants and methaqualone (a depressant, known in pill form as ‘quaaludes’ or ‘ludes,’ whose legal manufacture has been outlawed.) Use of PCP, LSD and heroin “declined early and remains quite low,” according to the researchers. In addition, long-term gradual declines continued in the use of barbiturates and tranquilizers among the class of 1986.

(In certain cities, such as Washington, D.C., however, PCP use by young people is a continuing problem. In addition, teenage heroin users rarely are accurately represented in surveys of high school seniors, because most of them drop out of school before their senior year.)

In spite of the overall declining trend in drug use, the proportion of young people who have had experiences with any illicit drug by the time they reach their senior year (58 percent) is still high, both as compared with drug use by previous generations in this country and as compared with drug use by young people in other industrialized countries. Drug use by young people is higher in this country than in any other industrialized nation, researchers say.

Cigarettes and Alcohol

With respect to what researchers refer to as “licit” drugs—cigarettes and alcohol—the statistical picture is more disheartening, although cigarette use did decline slightly between 1975 and 1986.

The University of Michigan researchers found that alcohol is used widely and often by high school students, with nearly two-thirds of seniors reporting use of alcohol in the month prior to the 1986 survey. Of those seniors polled in 1986, furthermore, 37 percent reported having had four or more drinks in a row at least once in the past two weeks.

Unlike drug use, use of alcohol has held fairly steady since 1975—the 65 percent of 1986 seniors reporting use of alcohol within the past month compares with a 68 percent figure in the same category in 1975.

With respect to cigarette use, about one-fifth of the seniors queried in 1986 reported daily use of a half

pack or more of cigarettes, a slim decline from 1980 levels. But the University of Michigan researchers stressed that this slight overall decline cannot be considered a hopeful sign—especially since those who begin smoking in high school “will probably have a high rate of smoking throughout their lives.” Furthermore, the rate of cigarette smoking by high school girls is increasing as compared with the rate of smoking by boys. Cigarette smoking “probably will cut short the lives of more of [the students polled] than will all of the other drugs combined,” the researchers noted.

(Cigarette smoking is not the focus of this report. Nevertheless, statistics on cigarette use by young people are significant, because nicotine is one of the most addictive of all substances, and because in young people cigarette smoking is often associated with alcohol and drug use. For more information on this subject, see the NSBA publication “No Smoking: A Board Member’s Guide to Nonsmoking Policies for the Schools.”)

Effects of Drug Abuse Education

The recent decline in the use of many illicit drugs by high school students offers encouragement to drug abuse education programs, because that decline appears to be linked with an increased awareness by students of the long-term dangers of these substances, according to Dr. Johnston.

In 1977, for example, only about one-third of the seniors surveyed thought there was much risk in daily use of marijuana. By 1986, by contrast, more than 70 percent of the seniors polled thought daily marijuana use was a health risk.

“That is a dramatic shift in beliefs and attitudes... and coincides exactly with when we saw a drop-off in frequent marijuana use,” Dr. Johnston said. “I think the early stages of [drug] involvement... are likely to be heavily influenced by whether youngsters see it as dangerous or not to be using.”

Trends in Thirty-Day Prevalence of Use of Alcohol and Cigarettes By High School Seniors*

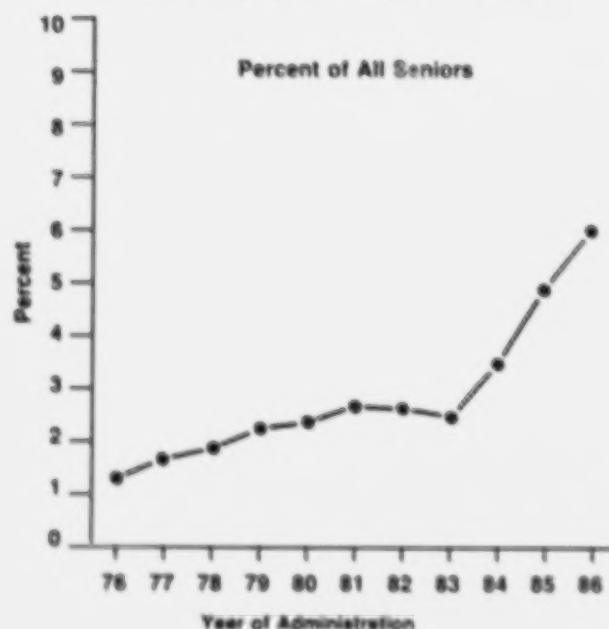
Percent who used in last thirty days	Approximate #	Alcohol	Cigarettes
Class of 1975	(9,400)		
Class of 1976	(15,400)	68.3	38.8
Class of 1977	(17,100)	71.2	38.4
Class of 1978	(17,800)	72.1	36.7
Class of 1979	(15,500)	71.8	34.4
Class of 1980	(15,900)	72.0	30.5
Class of 1981	(17,500)	70.7	29.4
Class of 1982	(17,700)	69.7	30.0
Class of 1983	(16,300)	69.4	30.3
Class of 1984	(15,900)	67.2	29.3
Class of 1985	(16,000)	65.9	30.1
Class of 1986	(15,200)	65.3	29.6
'85-'86 Change		- 0.6	- 0.5

(*Excerpted from Trends in Thirty-Day Prevalence of Sixteen Types of Drugs, “Drugs and American High School Students in 1986,” University of Michigan Institute for Social Research Study for National Institute of Drug Abuse, 1987.)

Cocaine Use

In spite of the gradual decline in use levels of many illicit drugs, one drug—cocaine—has “bucked all the trends,” Dr. Johnston said. Not only has use of cocaine by young people continued despite widespread reports of its harmful effects, but the prevalence of smoking cocaine—a particularly dangerous use of the drug—has risen dramatically in the past few years.

**Trends in Percent of Seniors
Who Smoked Cocaine in the Past Year**



(Source: "Drugs and American High School Students in 1986," University of Michigan Institute for Social Research Study for National Institute of Drug Abuse, 1987.)

"...if we could defer psycho-active chemical use by young people until they were 21 years of age, we would reduce the chronic addictive population by 50 percent."—Reed Bell, M.D.

The number of seniors reporting they had used cocaine in the last year was 5.6 percent in 1975, according to the Michigan researchers. That number more than doubled by 1979 (to 12 percent), and in 1986 rose to 12.7 percent. In addition, the researchers found that the number of those seniors who use cocaine daily, while still a small percentage of all seniors polled, doubled between 1983 and 1986—from 0.2 percent to 0.4 percent, the highest level reported so far.

The percentage of students who said they had smoked cocaine in the past year also doubled between 1983 and 1986, to 6 percent of all students surveyed—

a fact Dr. Johnston attributed largely to increased use of crack, which is ingested through smoking. Smoking cocaine, he noted, is "an extremely dangerous form of ingesting" the drug—with both "a much faster time to addiction and a much higher probability of overdose consequences."

Cocaine, he suggested, is "one of the major drugs to be focusing on right now"—not only because of survey results from recent high school seniors, but because of follow-up studies on older students as they reach their 20's. By the time the class of 1986 seniors are 27, Dr. Johnston predicted, 40 percent of them will have used cocaine.

"Forty percent of the population using a drug as dangerous as cocaine is really quite startling," Dr. Johnston said. But he offered one hope of lowering that statistic: teaching secondary students about the dangers of cocaine.

"The attitudes formed in high school may be very important" in preventing adult cocaine use, he said.*

Why Young People Use Drugs and Alcohol

A variety of factors contributes to drug and alcohol abuse among young people. Some of these factors are linked to the condition of youth itself—for both physiological and psychological reasons, young people are particularly susceptible to drug and alcohol abuse.

A second set of factors are cultural—they range from a lack of parental control to television advertising that glorifies drinking. The increased availability of drugs is another important cultural factor.

Other factors that place some young people at special jeopardy for drug use have to do with their family or social backgrounds. Children whose parents abuse alcohol or drugs, for example, are considered by doctors to be at a higher risk of using drugs themselves. All three types of factors are considered in this section.

Physiological and Psychological Factors Affecting Young People

Use of drugs and alcohol by children and young people differs in significant ways from use of those same substances by adults. In the first place, young minds

* In January 1988 NIDA released the results of the most recent survey of drug abuse among high school seniors that shows for the first time a significant drop in the use of cocaine. The survey found a decrease of about one-third from 6.2% in 1986 to 4.3% in 1987—in the proportion of seniors who said they were "current users" of cocaine, and a decline of about one-fifth, from 12.7% to 10.3%, in seniors who had used cocaine at least once in the past year. Lloyd Johnston, Ph.D., the survey director, said, "That despite these downward trends, there are still a significant number of young people who are involved with illicit drugs... it... means that our drug abuse prevention efforts are as important as they have ever been."

and bodies, because they are not yet physiologically mature, feel the effects of drugs and alcohol more strongly than do most adults.

Dr. Reed Bell, director of the Office of Substance Abuse Prevention in the U. S. Department of Health and Human Services, says that in young people, the process of chemical dependency is "extraordinarily rapid compared with an adult." While it can take an adult two to three years after his first use of psycho-active drugs to become "truly addicted," a young person can reach the same level of dependency "within a four-to-six-month period," Dr. Bell said. Furthermore, because the adolescent personality is still developing, use of drugs can permanently impair the very decision-making faculties that might help an adult reject or limit drug use.

Young people "become less and less conscious of the decisions they're making and the significance of them, and the decisions they make are colored by the fact that they are already involved" in drug and alcohol abuse, Dr. Bell said. "Drugs and alcohol...change a young person's decision-making possibilities right from the beginning."

The use of drugs by young people is especially tragic because the earlier use begins, the greater is the chance of life-time chemical dependency. Based upon a review of statistical data, officials at the National Institute of Drug Abuse have suggested that "if we could defer psycho-active chemical use by young people until they were 21 years of age, we would reduce the chronic addictive population by 50 percent," Dr. Bell said.

"Drugs and alcohol...change a young person's decision-making possibilities right from the beginning," Reed Bell, M.D.

Growing Pains

The pre-teen and teenage years are a time of turmoil for most young people. They want very much to fit in and be like others, and thus are vulnerable to peer pressure to do what everyone else is doing—no matter how harmful those activities may be. In addition, the combined pressures of these years—to fit in, to do well in school, to develop a sexual identity—can be so painful that the "good" feelings that alcohol and drugs initially provide can be highly attractive to some young people.

(Many experts, however, argue that young people turn to drugs today not because the pressures of growing up are any worse than they were 30 years ago, but simply because drugs are now available to assuage those pains. Dr. Macdonald writes: "Drug use has become so acceptable in our 'do-drug' society that many children from 'good' families enter the state of experimentation with no more basic family problems or psychopathology

than those students of earlier days who swallowed goldfish or were involved in *pa'ni*, raids.")

The three primary reasons why young people use drugs and alcohol, according to Dr. Martin Valaske,* a physician and specialist in chemical dependency from Annapolis, Md., are:

- peer pressure,
- to appear grown up, and
- to change their feelings

The ability of drugs to change one's feelings makes them particularly attractive to young people, according to Dr. Valaske. "The problem with drugs is not that they don't work, it's that they work too well," he said. "The second problem with them is that they don't continue to work the way they begin to work. And so they're inherently seductive."

Adolescents and the Future

Another reason why adolescents are particularly susceptible to drug and alcohol abuse may be that they have, according to one psychiatrist, "no concept of time."

Adolescence, says Dr. Nancy Stone, an adolescent psychiatrist with the Psychiatric Institute in Washington, D.C., "is a time of experimentation, and also a time when one doesn't have to think about the future." In fact, she argues, "It's a developmental stage where kids don't have the concept of time really built into their cognitive structure, so that it's very easy not to look at [the] consequences" of their actions.

By the same token, Dr. Macdonald writes, many young people have difficulty imagining that any physical harm can come to them. "Teenagers tend to believe that they will live forever," he notes, and for this reason, arguments about the harmful long-term effects of drugs are rarely convincing.

Sylvia Schechter, director of health, physical education and school sports for the New York City public schools, suggests that some young people are drawn to the immediate gratification that drugs and alcohol can provide because they see no way to fulfill any long-term goals.

"Many, many of our youngsters make the self-destructive decisions they do because they don't see any way out," she said. "There's no sense in postponing immediate gratification because they don't see any kind of gratification somewhere down the line. So whether they're talking about drugs, or alcohol, or sexually acting out, or suicide—it's all the same."

* Dr. Valaske passed away in November 1987. He leaves behind a legacy of lifelong work dedicated to the reduction of alcohol and drug abuse among this nation's young people.

"Prevention, intervention and treatment are all essential ingredients of anti-drug-abuse policies, but prevention is by far the most promising approach."—Richard H. Schwartz, M.D.

The Condition of Society

Ours is a culture that bombards young people with messages encouraging them to use drugs, particularly the drug of alcohol. The National Council on Alcoholism estimates that, by the time they are old enough to legally drink, young people will have seen 75,000 pro-drinking scenes on television. Many of these are advertisements that link recreation with alcohol consumption.

"Weekends were made for Michelob," says one advertisement. "When it's time to relax, it's time for Miller beer," says another.

"We teach people to recreate with chemicals," says George Obermeier, executive director of New Beginnings, a substance abuse treatment center headquartered in Cove Forge, Pa.

Alcohol is not the only chemical promoted by advertising. Pain killers, sleeping pills, diet pills—all are advertised on television, promising that relief—from whatever ails one—is just "a swallow away." And advertising is not the only medium that promotes the use of drugs and alcohol. In both television shows and movies, drug and alcohol use frequently is part of the plot, and often is glamorized.

When they are not watching drug and alcohol abuse on television, young people often are encountering it among adults they know. Watching their parents unwind during their evening "cocktail hour" or seeing an older brother drinking beer while viewing sports on television can convince a child that, in real life as on television, when it's time to relax, it's time for a drink.

Even when the media warns young people of the dangers of using drugs and alcohol, these messages often are mixed. A slogan for a recent national campaign to curb drunk driving is, unfortunately, a perfect example of a mixed message: "Friends don't let friends drive drunk."

The suggestion here is not that drinking to the point of drunkenness is dangerous, but only that driving while drunk is a behavior to be avoided. Such messages, while they may reduce the number of drunk drivers, will have little effect on reducing the number of drunks. Rather, they "enable" the alcohol abuser to continue his or her pattern of abuse by removing one more obstacle to drunkenness—in this case, transportation home. ("Enabling" is a term used often by professionals in the chemical dependency field. For a definition of this and other terms used throughout this report, see the glossary of terms in APPENDIX 3.)

The Influence of Wine Cooler Advertising on Children

Advertisements for alcoholic beverages traditionally have portrayed drinking as a sophisticated, social, or relaxing activity. These advertisements inevitably have contributed to a perception among young people that drinking is not only an acceptable but a desirable activity.

Until a few years ago, however, most advertisements for alcoholic beverages appeared to be aimed primarily at an adult audience.

When bottled wine coolers were introduced on the alcoholic beverage market a few years ago, however, television viewers began to see wine cooler commercials that appeared to be aimed primarily at an audience much too young to be drinking legally.

A television advertisement for Sun Country Wine Coolers, for example, featured the popular black rock star Grace Jones as a fluffy, talking polar bear. According to the National Council on Alcoholism, the Sun Country advertisement is proof that "children—well under the drinking age—continue to be a primary audience for wine cooler advertising, and that the industry aspires to have children become a primary consumer group for this product."

After all, notes the National Council on Alcoholism, "who but a child would be significantly moved or persuaded by the sales pitch of a talking white bear?"

Such advertisements are not going unnoticed by children—and they are having insidious consequences. A 1987 *Weekly Reader* survey of elementary school students shows that, in addition to feeling peer pressure to try wine coolers, a great majority of children surveyed don't realize that a wine cooler (a mixture of wine, fruit juice, and carbonated water) is an alcoholic beverage.

Some 34 percent of fourth graders surveyed by *The Weekly Reader* reported some or a lot of pressure from their peers to use wine coolers. Even more alarming, while 45 percent of fourth through sixth graders surveyed called beer, wine, or liquor "drugs," only 21 percent of those same children labeled wine coolers a drug.

"After just a few brief years on the market," the National Council of Alcoholism says, "wine coolers—beamed into millions of American homes with the endorsements of black superstars and talking polar bears—have become a major drug issue for the elementary school set."

The Pursuit of Pleasure

The widespread use of drugs and alcohol in our society is one manifestation of what several drug abuse experts call a cultural obsession with pleasure.

"We live in a society where pleasure and happiness are considered the main goals of life by many," writes Dr. Macdonald in *Drugs, Drinking and Adolescents*. "Pleasure-seeking behavior and the avoidance of pain are natural human instincts that seem to have gotten out of control."

Furthermore, Dr. Macdonald notes, happiness in our culture "has in many ways been equated with intoxication." Children who are taught, on the one hand, to pursue happiness as a primary goal and, on the other hand, to see drug and alcohol use as a means of achieving happiness, have few defenses against the use of drugs and alcohol, Dr. Macdonald argues.

Dr. Valaske argues further that society encourages chemical dependency not only by glorifying the pleasure that drugs and alcohol can produce, but also by masking the pain of chemical dependency. "One of the reasons we are an enabling society is because we do not see the pain of the addicted alcoholic person," he said.

Parental Control

Another cultural factor leading to drug and alcohol abuse by young people may be the changing role of parents in society.

"I think one of the reasons we have the kind of drug use problem we do... is that parents don't have the same role that they once had in relation to their children, because both parents are working, or families are broken," says Dr. Johnston of the University of Michigan. Furthermore, he argues, because the extended family also is much weakened, grandparents, uncles and aunts are not nearby to "help provide guidance and control."

Dr. Thomas Gleaton, a founder of the international parents' group PRIDE (Parents' Resource Institute for Drug Education-Atlanta, Ga.), concurs. He argues that the role of parents and educators in shaping young people's development has been "eroded" by the influence of a "hedonistic society."

"There is a new 'educator' on the block," he said, referring to "pro-drug messages" found in television, music, movies, T-shirts, and even bumper stickers. "And we in education are playing a smaller role."

The Availability of Drugs

In a culture where drugs and alcohol are widely available, experts suggest, drug and alcohol abuse by young people is difficult to prevent. The University of Michigan 1986 survey of high school seniors found that:

- nearly 90 percent of seniors queried said that marijuana was "fairly easy" or "very easy" for them to obtain;
- more than 60 percent said amphetamines were "fairly or very easy" to obtain;
- about half of the seniors said cocaine, tranquilizers and barbituates were "fairly or very easy" to get; and
- 20 percent of those queried said heroin was "fairly or very easy" to obtain.

Risk Factors

Although all adolescents—to a certain extent—may be susceptible to becoming involved in drug and alcohol abuse, research has pinpointed a number of characteristics that those children most likely to use drugs and alcohol share. These characteristics are often known to parents, teachers, and physicians when the high-risk child is in elementary grades, before substance abuse begins. For this reason, doctors and counselors believe these adults can make special efforts to teach that child, while he or she is still quite young, not to become involved with drugs and alcohol.

Dr. Richard Schwartz, a pediatrician and a clinical professor of child health and human development at George Washington University School of Medicine, has identified several of these "risk factors." They are:

- **Parental Alcoholism or Drug Abuse**—The most common risk factor among children involved with drugs and alcohol. One recent study,* of 1,800 adolescents admitted to several drug treatment programs in the midwest, found that 35 percent had an alcoholic parent and 10 percent had parents who abused drugs. Scientific research suggests that a susceptibility to alcoholism can be inherited by children of alcoholics.

- **Siblings Who Use Drugs**—Of the midwest group, 25 percent had siblings—either older or younger—who also used drugs. Older siblings often serve as drug use models for younger siblings; younger siblings, too, may be coerced into drug use to keep them from reporting the older sibling's drug use to parents.

- **Learning Disabilities Present Before Drug Use Began**—The presence of learning disabilities is "an extraordinarily high risk factor" for developing drug abuse, Dr. Schwartz said. Of the 1,800 midwestern adolescents studied, 15 to 20 percent had been diagnosed as having learning disabilities.

- **Attention Deficit Disorders**—Dr. Schwartz explained that, though he had no data on this risk factor, "the experiential evidence seems convincing." Those children often called "hyperactive" would fit in this category, he said.

* Harrison, D.A. and Hoffman, N.G., "CATOR 1987 Report: Adolescent Residential Treatment Intake and Follow Up Findings," St. Paul, Minn., Ramsey Clinic, 1987.

- *Problem Children in Problem Families*—This category, Dr. Schwartz explained, would include families with “tremendous parental discord, parental violence, incest,” and children who, growing up, “are the cheaters, the liars, the stealers, the ones who chronically disrespect rules, those who can’t seem to learn from their mistakes. . . and who don’t show contriteness when confronted with a significant mistake.”

- *Sexual Abuse*—About 47 percent of the girls in the midwest study had a history of sexual abuse, including incest, Dr. Schwartz said.

- *Adoption*—Of the 1,800 young people in the midwest study, 10 percent had been adopted, as compared with a rate of 2 percent of adopted adolescents among the general adolescent population. Dr. Schwartz noted that research has not shown whether the risk factor here is the “feeling of being adopted,” or whether more biological parents whose children are adopted have some type of genetic trait for chemical dependency that is passed to their children.

- *Chronic Depression Pre-dating Drug and Alcohol Abuse*—About 20 percent of adolescents who abuse drugs and alcohol have suffered from “long-standing” depression, according to Dr. Schwartz.

- *Poor Self Concept*—Usually, poor self concept is “tied up with a bunch of other things,” such as learning disabilities or not fitting in with one’s family, Dr. Schwartz said.

- *Peer Group*—A young person’s peer group may be an even stronger risk factor than parental alcoholism, Dr. Schwartz suggested, because drug-using members of a child’s peer group can be a direct “bridge to use.”

- *Recent Geographic Moves in Critical School Grades*—Moves in geographic location during junior high school or early senior high years seem to be “devastating to some children,” Dr. Schwartz said, and thus can cause them to turn to drug and alcohol abuse.

These risk factors “are not islands in and of themselves,” Dr. Schwartz pointed out. “The more risk factors there

Red-Flag Behaviors

Dr. Richard Schwartz of George Washington University has identified several “red-flag behaviors” that might signal—to parents, school officials, teachers, and physicians—that a child or adolescent is using drugs and alcohol. (Red-flag behaviors differ from the risk factors that Dr. Schwartz also described in that red-flag behaviors occur only after drug and alcohol use has begun.)

- *Cigarette Smoking Before Age 16*

In this case, Dr. Schwartz explained, “smoking” means daily smoking of 10 cigarettes or more. Cigarettes may seem “benign enough,” he noted. “But what you’re really talking about is an addiction to the drug nicotine.”

- *Deterioration of Grades*

- *School Truancy*

Half of the adolescents in one treatment group said they cut one or more classes per day before they were admitted to treatment, according to Dr. Schwartz.

- *Disciplinary Actions in School*

- *Intoxication or Possession of Alcohol or Drugs on School Grounds*

- *Early Age Use*

In this country, the average age for first social use of alcohol (meaning use not with one’s family) is 11 years, while the average age for first social use of marijuana is 13.5 years, Dr. Schwartz said.

- *Frequent Experimentation with Marijuana, Leading to Frequent Use*

- *Use at Any Age of PCP; Use of LSD in Junior or Senior High School*

Use of these drugs almost always is preceded by experimentation with marijuana, according to Dr. Schwartz.

- *Belonging to a Drug-Using Peer Group*

“Heavy users, for the most part, with almost no exceptions, won’t tolerate non-users in their group for very long,” Dr. Schwartz said.

- *A Suicide Attempt*

A suicide attempt can be considered a red-flag behavior for drug and alcohol abuse if it occurs in combination with “a number” of other red-flag behaviors, according to Dr. Schwartz.

- *Sexual Activity*

Dr. Schwartz noted that the teenager who, before age 18, has “three or more sexual partners,” may also be involved in drug and alcohol abuse, because use of drugs and alcohol can lead to increased sexual activity by altering judgment and lowering inhibitions.

- *A Change in Grooming*

Several drug abuse experts maintain that changes in grooming can be an indication of drug use. Young people may become less conscious of their grooming, or may dress in ways that seem to deliberately link them with the “drug culture”—such as wearing T-shirts with pro-drug messages, or, if they are males, growing long hair. It should be noted, however, that many young people with serious drug and alcohol abuse problems maintain high standards of dress and grooming.

are, the higher the chance of a child getting into drugs in a big way."

For example, he said, "A child with an alcoholic father and grandfather, who is learning-disabled, who has a poor self concept, and whose family has a tolerant attitude towards drug abuse is at extraordinarily high risk for getting into drugs."

"One can recognize such a child perhaps at the third grade," he continued. "And hopefully one will [make] some real immediate efforts [to identify] and remediate such a child in an attempt to prevent what might be a catastrophe later."

The Stages of Drug and Alcohol Abuse

As with adults, a young person's involvement with alcohol and other drugs proceeds in stages, from early experimentation to the frightening hold of advanced chemical dependency. At each stage, the user's behavior offers clues to his or her increasing dependency.

The best way to keep a young person from reaching the most severe stages of drug or alcohol abuse, obviously, is to successfully teach him or her to never try drugs or alcohol. According to HHS's Dr. Bell, "The truth of the matter is that each child is at risk of becoming chemically dependent as soon as he starts—just one time."

But no matter how strong their resolve, many young people are particularly vulnerable to substance abuse. The statistics offered by Dr. Johnston are proof that not all young people can or will "just say no" to drugs and alcohol. Because drug and alcohol use has such serious consequences for young people, adults who come in contact with young people must learn the stages and the signs of chemical dependency, and be willing and able to offer help to the chemically dependent young person—preferably in the early stages of substance abuse. Parents should certainly know the stages, but school officials should know them too.

"We need school officials and teachers to be aware of early behavioral and attitudinal changes that reflect use of drugs and be willing to get involved" in intervention, Dr. Bell said.

In his book *Drugs, Drinking and Adolescents*, Dr. Macdonald describes four stages of drug and alcohol use—stages that chart the increasing hold that drugs can have on a user. "The Stages of Drug Abuse" from Dr. Macdonald's book, shows the behavior patterns, types of drugs used and frequency of use, and the feelings and mood swings of each stage.

The four stages of drug abuse are preceded by a stage Dr. Macdonald describes as "curiosity in a do-drug world," during which time the young person asks him or herself, "Will it hurt to try?" and, unfortunately, answers, "No."

Stages of Drug Abuse*

STAGE	MOOD ALTERATION	FEELINGS	DRUGS	SOURCES	BEHAVIOR	FREQUENCY
1: Learning the mood swing	Euphoria Normal Pain 	Feel good Few consequences	Tobacco Marijuana Alcohol	"Friends"	Little detectable change Moderate "after the fact" lying	Progresses to weekend usage
2: Seeking the mood swing	Euphoria Normal Pain 	Excitement Early guilt	All of the above plus: Inhalants Hash oil, hashish "Ups" "Downs" Prescriptions	Buying	Dropping extracurricular activities and hobbies Mixed friends (straight and druggie) Dress changing Erratic school performance and "skipping" Unpredictable mood and attitude swings "Conning" behavior	Weekend use progressing to 4-5 times per week Some solo use
3: Preoccupation with the mood swing	Euphoria Normal Pain 	Euphoric highs Doubts including: Severe shame and guilt Depression Suicidal thoughts	All of the above plus: Mushrooms PCP LSD Cocaine	Selling	"Cool" appearance Straight friends dropped Family fights (verbal and physical) Stealing—police incidents Pathologic lying School failure, skipping, expulsion, jobs lost	Daily Frequent solo use
4: Using drugs to feel normal	Euphoria Normal Pain 	Chronic Guilt Shame Remorse Depression	Whatever is available	Any way possible	Physical deterioration (weight loss, chronic cough) Severe mental deterioration (memory loss and flashbacks) Paranoia, volcanic anger, and aggression School dropout Frequent overdosing	All day every day

* (Source: Macdonald, Donald Ian, M.D., *Drugs, Drinking and Adolescents*, copyright ©, 1984 by Year Book Medical Publishers, Inc., Chicago IL. Reproduced with permission.)

"A 1986 report from the American Medical Association revealed that in this country, young people between the ages of 10 and 20 are the only age group to have suffered a deterioration in overall health in the last 25 years. . . we find that [control of] substance use is the key to try to change the health characteristics of young people."—Reed Bell, M.D.

The Consequences of Drug Abuse

Effects Upon the User

The effects of drug and alcohol use are grave. Chemical dependency can wreck one's physical health, impair learning, arrest emotional development, destroy motivation, and ruin relationships with family and friends. More than anything else, however, chemical dependency means losing control of one's life and one's future: the chemically dependent person becomes a slave to the demands of the chemicals he or she uses. Dr. Macdonald calls chemical dependency "entrapment;" Dr. Barbara Ball, the corporate director for adolescent development with The Mediplex Group, puts it this way:

A chemically dependent kid is in love with a chemical. If you remember when you were in junior high school, when you first had a crush, and how your whole day was centered around that person that you had a crush on. . . That's what being in love with a chemical is like. That's what happens to those kids who get involved with this. They become obsessed with the chemical—where they're going to get it, what it's going to feel like when they use, who they're going to use with. . . These kids become obsessed with this. And in becoming obsessed, they let everything else in their lives go by.

The loss of control that drug abuse brings is grave and tragic, in and of itself. But drug abuse also has been identified as an underlying cause of a number of other serious problems plaguing young people today—all of which have to do with "health," in the broadest definition of the term.

"Believe me that substance abuse underlies a lot of the. . . health problems of young people," Dr. Bell said. Included in this category are:

- 1) Teenage sexual promiscuity, which can result in:
 - teenage pregnancy,
 - the spread of sexually transmitted diseases, including the deadly virus that causes acquired immune deficiency syndrome (AIDS), an incurable disease in which the body's immune system is destroyed,

- in young women, loss of reproductive ability because of chronic infections;
- 2) Educational problems, such as:
 - academic failure,
 - delinquency,
 - dropping out of school; and
 - 3) Uncontrolled violent behavior, resulting in:
 - car accidents,
 - crimes such as robbery or homicide,
 - suicide.

A 1986 report from the American Medical Association revealed that in this country, young people between the ages of 10 and 20 are the only age group to have suffered a deterioration in overall health in the last 25 years.

"It's no question that. . . adolescent health has really suffered," Dr. Bell said. "And we find that [control of] substance use is the key to try to change the health characteristics of young people."

Effects Upon the User's Family, Friends and School

Young users of drugs and alcohol are never the only people to suffer the consequences of their drug use. Those who argue that substance use is a "victimless" crime are forgetting the effects of substance abuse, not only upon the user, but on nearly everyone who comes in contact with him or her—family, friends, classmates, teachers and other school personnel.

Perhaps most painful is the effect the chemically dependent person has on his family. But non using friends of the chemically dependent young person also suffer from his drug or alcohol abuse. For one thing, chemical dependency is a contagious disease; before the user abandons his "straight" friends, he may try to get them to join with him in drug use.

"Any drug abuser worth his salt will convince a number of close friends who have previously not been involved to become involved," said Dr. Schwartz.

In addition, those friends who refuse often experience great pain at seeing a once close companion become more and more dependant on drugs or alcohol. Often the "straight" friend wants to help his or her using friend, but cannot find a way to reach that friend.

Family and close friends are not the only people affected by the young person who abuses drugs and alcohol. In schools where some students are chemically dependent, the education of all students suffers.

"When you have two young people who are stoned sitting in a [classroom] with maybe 20 other children, every single child sitting in a radius around those children is affected," said The Mediplex Group's Dr. Ball. "There is no way a teacher is going to get across the material that she had planned for that day. . ."

In schools, the effect of the drug and alcohol using student stretches far beyond the classroom. As has been

CHEMICAL DEPENDENCY AND THE FAMILY

"Chemical dependency is a disease that affects first one person and then inexorably spreads to the rest of the family. The disease of chemical dependency is a family disease," writes one father whose son suffered from chemical dependency.

"As our son's disease progressed [my wife and I] became increasingly diseased. My wife was in acute pain, watching her child dying before her eyes and unable to do anything about it. . . . My wife's pain was transmitted to me and intensified my need to be in control, or at least the feeling that I should be in control.

"As I became more and more frustrated, my wife and I found points of irritation between us increasing. When we weren't fighting with our son, we were fighting with each other about how to cope with him. We moved away from each other, each seeking refuge in a lonely corner of pain." (Source: Schwartz, R. and Jenny, L., *Virginia Medical*, November 1985.)

said, drug and alcohol abuse is contagious; when a small group of drug users attends a school, all students are at higher risk of becoming chemically dependent. In addition, drug and alcohol use by students can seriously undermine efforts by schools to maintain discipline. Not only can drug use occur on campus, but use is often accompanied by drug dealing—by school students and by outsiders. As a result, in a school where drug and alcohol users are present, the safety of students and faculty is never certain.

Schools where students use drugs and alcohol also may have trouble keeping teachers, who may find themselves functioning less as educators and more as (unsuccessful) disciplinarians. "It is no coincidence that 'teacher burnout'—the term itself is derived from the drug culture—should have surfaced as a national issue directly in the wake of epidemic student drug use," writes educator Richard Hawley in the May 1987 *Phi Delta Kappan*. "Drugs change the people who use them, and when the users are students. . . , drugs change schools."

"Any drug abuser worth his salt will convince a number of close friends who have previously not been involved to become involved."—Richard H. Schwartz, M.D.

Identification, Referral, and Treatment of the User of Drugs and Alcohol

Chemical dependency, say the experts, is a chronic, progressive, relapsing, life-threatening disease. No matter what other factors may be associated with chemical dependency—learning disabilities, for example, or depression—a chemically dependent person will not begin to recover from his or her dependency unless that dependency is treated, in and of itself.

"I'm not telling you that some of these kids don't have other problems besides the disease of chemical dependency," said Dr. Ball. "But I am telling you that if a kid is abusing drugs, that has to be dealt with first, before you look at anything else."

Because one of the most common responses to the disease of chemical dependency, however, is denial—by the user, by his or her family, by others who know the user—getting a user to admit his disease and begin treatment is often extremely difficult.

For this reason, experts at the forum argued that—along with parents, physicians, church leaders, and other concerned adults—school administrators and teachers can play a part in the "caring confrontation" of a young person with the fact of his or her drug or alcohol abuse.

"The caring confrontation by school personnel is a very real key to the prevention of substance abuse," Dr. Bell said. "When they're starting to show the early Stage One and perhaps the early Stage Two [signs of substance abuse], that's when we need your help with young people. That's the key to intervention."

School leaders may argue that the primary responsibility of identifying students who abuse drugs or alcohol rests not with them but with the student's parents. While this is no doubt true, two factors inhibit many parents' ability to confront their child's drug abuse problems. One is the strength of denial: faced with such a huge problem, many parents simply refuse to accept the truth. Another, as described by Dr. Ball, has more to do with the shape of family life today.

"... the truth of the matter is that most parents are working, both parents, Moms and Dads at least part-time," she said. "And they don't have the time to spend looking at their children in the eye and talking about meaningful things for 45 minutes every day. That isn't the way it should be, but it is the way it is."

By contrast, she argued, "Teachers in our schools across the United States are looking at these kids at least 45 minutes every day. They know who is doing drugs. They know who's in trouble with drugs."

Specific school strategies to identify, refer for treatment, and support recovering chemically dependent students will be considered in more detail in the following chapter. What can be mentioned here is that, in the long process of identifying, referring, and supporting these students, school leaders need never operate alone.

To be successful in the difficult effort to help chemically dependent students regain control of their lives, school leaders can and must reach out to other groups in their community—especially to those with expertise in the field of chemical dependency treatment.

"I'd like every school district to have a list of chemical dependency experts in their area to whom to turn for help, because even now there's just not only a lot of misinformation, there's frankly a lot of disagreement as to the causes, the treatment, [and] the evaluation," Dr. Schwartz said.

These specialists, he noted, could include "primary care physicians who not only have the interest but have the time and the motivation [to] be of help."

School leaders who may feel unprepared to directly address the problem of drug abusers in their schools can and should "work interdependently with other people trying to lick the problem" of student drug and alcohol abuse, Dr. Schwartz said. Such cooperation is crucial, he said, because "if everybody has turfsmanship, the only thing that's going to win [will be] the drugs."



To be successful in the difficult effort to help chemically dependent students regain control of their lives, school leaders can and must reach out to other groups in their community—especially to those with expertise in the field of chemical dependency treatment

"I'd like to see the school boards work with the school administration people, with interested physicians, [and] with interested people in drug treatment programs in their community," he said. "And by having a network of people who have differences, but at least are willing to address them and honestly reach an understanding, then you'll begin to make progress" in eradicating drug and alcohol abuse in the schools.

Joining the Fight Against Drug Abuse

As this chapter has shown, drug and alcohol abuse by young people is a serious problem in our country. Chemical dependency is widespread, and, once it begins, can result in devastating and sometimes irreversible consequences for the user.

School leaders must be part of the fight to stem this epidemic, because drug and alcohol abuse inhibits both a student's ability to learn and a school's ability to deliver education. The following chapter will consider what steps school leaders can take to fight drug and alcohol abuse in their schools. ■

"The caring confrontation by school personnel is a very real key to the prevention of substance abuse. When they're starting to show the early Stage One and perhaps the early Stage Two [signs of substance abuse], that's when we need your help with young people. That's the key to intervention."—Reed Bell, M.D.

Recommendations For School Board Members

At the NSBA forum on alcohol and drugs, Dr. Richard H. Schwartz, a Virginia pediatrician and authority on substance abuse in adolescents, offered these recommendations to school boards for drug and alcohol abuse in their districts.

- Have an enforceable, clear-cut policy prohibiting drug and alcohol use and cigarette smoking in schools.
- Look at those school districts that have successful policies, and "tailor-make" their policies to fit your school district.
- Have drug counselors in every school.
- Hire one person in each district with a "higher degree of expertise," who can communicate with treatment centers and with doctors about substance abuse progress and relapse issues.
- Institute a program of preventive education, possibly targeting some components of the curriculum to students at high risk of developing substance abuse problems.
- Develop an in-school identification and referral system.
- Develop and maintain an up-to-date roster of knowledgeable health care professionals, including primary care physicians and psychiatrists, who are willing to help the district.
- Set up self-support groups in each school in the district, with sponsors from local chapters of Alcoholics Anonymous and Narcotics Anonymous, to help those who are recovering and to help prevent relapse.
- Provide a separate program of in-school "after-care" help for students who return to school following treatment.
- Provide vocational training for at-risk and recovering students. "Some of these kids... couldn't care less about English 12 or English 11," Dr. Schwartz said. "You are dooming them to failure if you expect them to go through the same [curriculum as] mainstream kids."

WHAT SCHOOL LEADERS CAN DO

Getting Started—A Plan of Action

To combat drug and alcohol abuse in their districts, school leaders can develop three different types of assistance for use within their schools. Taken together, this three-part drug and alcohol abuse program should be outlined in a formally adopted policy, following public debate and discussion of the measures. The three elements are:

- *a set of rules* that prohibit drug and alcohol use, possession, distribution and sale on school premises and at school functions by school students and staff, with a clear explanation of the penalties resulting from such behavior. For this part of the program to be successful, students, staff, and parents must understand the rules, and infractions must be consistently enforced.

- *prevention strategies*, to keep non-using students from becoming involved with drugs and alcohol. The primary strategy in this area is a substance abuse prevention curriculum, but some schools have developed other prevention measures as well.

- *intervention efforts* aimed at "caring confrontation" of the student involved in substance abuse. Intervention strategies, which can take many different forms, have these fundamental goals:

- identifying the student
- referring that student for treatment
- supporting the student upon his or her return to school following treatment.

Intervention efforts can include staff training, peer counseling, hiring of drug counselors, and liaisons with other local groups such as medical societies and mental health agencies.

Development of all three areas of the policy requires the support of parents and other community groups in the district. These areas will be considered in turn in this chapter.

Building Interest

Because school board members are public officials, they never are free to act in isolation. They must continually justify their interest in having schools undertake certain programs. In attempting to develop or improve a drug and alcohol abuse program, for example, school leaders may at first encounter resistance from their communities. Denial of the problem, after all, is often a first response to drug and alcohol abuse; as has been shown, such denial can involve a single user, his or her family, or an entire community.

When denial is coupled with the natural tendency of taxpayers to question what may seem like superfluous,

"non-educational" programs, school leaders who advocate drug and alcohol abuse programs in schools may find themselves facing a community very much unwilling to support their actions.

Community hostility can cripple the success of much-needed drug abuse programs in schools. To gain the support of the community—and of other school board members who may believe that scarce school district resources could be better spent elsewhere—drug abuse prevention experts suggest conducting local surveys of students, to determine the level of drug abuse in one's own community.

Even community members aware of the national figures on drug abuse may be incapable of believing that those numbers correspond to local levels of youthful substance abuse. But drug abuse statistics can have a startling impact when they describe use patterns among young people in one's own community.



Survey students in your own schools to determine the level of drug abuse in your community

"Find out what's going on in the schools," by using an anonymous questionnaire, urged Domingos Lobo, a narcotics training specialist with the District of Columbia's Department of Human Services. By so doing, he suggested, school leaders not only can build community support for their drug abuse program, but they will have a better idea of how to design that program.

"Each school is unique within itself, which means there's no plan that will apply to all schools," Mr. Lobo said. "Neighborhoods are different. Cultural backgrounds are different. And also the substance of abuse is different." A survey of students [see sample PRIDE, Inc. survey in APPENDIX 5] can give school leaders the hard data they need to convince their communities that substance abuse prevention and intervention must become district priorities.

Elements of a Drug and Alcohol Abuse Prevention & Intervention Policy

I. Rules Against Use, Possession, Sale and Distribution

The first line of defense against drug and alcohol use by students in school is the establishment of a policy forbidding that use. Such a rule not only helps school officials who find students using drugs or alcohol, it

also helps students—by giving them one more reason not to use.

"... rules help kids stay straight and set good habits, and rules can give you a reason to say 'no,'" argues one student in a 1983 booklet on student chemical use problems distributed by the Minnesota State High School League.

Experts on drug abuse prevention, however, have identified two problems with many school substance abuse rules. In the first place, many current school rules lack teeth, says Dr. Ball of the Mediplex Group.

"We need to stand up for what we believe in with these drug policies," she said. "And I don't see too many of them that I don't think of as being kind of wimpy out there." By not having "clear, strong drug policies," she argued, "we are enabling our kids to keep using."

A strong drug policy, Dr. Ball explained, would include "consequences that go with any kind of use—and the stronger [the consequences], the better," including suspension.

Richard A. Hawley, an educator and expert on student substance abuse, concurs with Dr. Ball. In an article in the May 1987 Phi Delta Kappan, he writes:

... even the best [drug abuse education] programs can be subverted by the absence of strong, clear institutional policies forbidding drug use. For the great majority of school-age children, adherence to the "rules" and observance of the law are the highest categories of ethical thought. Schools tend to stress the enforcement of those policies about which they care most strongly. Drug education must go hand in hand with an anti-drug policy.

In his article, Mr. Hawley raises the second area of concern for many regarding school rules on substance abuse: enforcement of those rules. No matter how strong a school's rule, if it is not enforced, not only is it meaningless but it calls into question the entire school effort to combat drug abuse.

"You adults make up a lot of rules and never get around to enforcing them," says a student athlete in the Minnesota High School League booklet. Says another: "Kids have to believe that the rules will be enforced... that anyone can get caught. Today, in our school, chances of getting busted are so high, kids are being careful."

Basic Elements of Drug and Alcohol Abuse Rules

The popular U. S. Department of Education booklet, *Schools Without Drugs*, notes that "school policies should clearly establish that drug use, possession, and sale on the school grounds and at school functions will not be tolerated." Federal education officials identify three elements that should be common to all such rules.



School policies should clearly establish that drug use, possession, and sale on the school grounds and at school functions will not be tolerated

First is an explanation of what constitutes a drug offense. That explanation should include:

- a definition of illegal substances and paraphernalia (such as pipes, clips for smoking marijuana cigarettes, rolling papers, and syringes for injecting drugs)

- a definition of the types of violations (which can include drug or alcohol use, possession, sale and distribution of drugs. Including "distribution" is important because many students don't sell drugs to their friends but instead simply pass them around.)

- a definition of the school jurisdiction in which the rule is in effect (This could include the school campus, surroundings, athletic fields, school buses, and areas off campus where school-related events are held.)

Secondly, a drug abuse rule should include a statement of the consequences that will result from violation of that rule. These consequences range in severity from those geared toward first-time users to more severe consequences for repeat users and for sellers.



A drug abuse rule should include a statement of the consequences that will result from violation of the rule

For those students found using drugs for the first time, consequences can include:

- a meeting among parents, the student and school officials to discuss the student's drug use and rehabilitation efforts;

- suspension; and/or
- referral to a drug treatment expert or outside center; and

- notification of police.

For those found using repeatedly and those who sell drugs, the consequences can include referral for treatment, expulsion, and legal action.

In addition, federal education officials say, school drug abuse rules should detail the procedures school teachers and administrators should follow in handling violations of the rule. These include:

- a discussion of the legal issues associated with disciplinary action, such as search and seizure, due process and confidentiality;

- an explanation of the circumstances under which to report suspected violations of the rule, including the proper school authorities to contact;
- procedures for notifying parents; and
- procedures for notifying the police.



School drug abuse rules should detail the procedures school teachers and administrators are to follow in handling violations of the rule

Examples of District Policies

Warren County Joint Vocational School District
Warren County, Ohio
Enrollment: 858

Although they may have many elements in common, rules on drug and alcohol abuse, of course, will vary from district to district. The policy of the Warren County, Ohio, Joint Vocational School District, for example, is a concise three pages, yet it contains:

- an introductory two-paragraph statement of the "serious health problems" that chemical abuse poses to school students, and the school board's commitment to "discouraging this behavior and encouraging young people to seek help should a problem arise."
- a paragraph explaining where the policy is effective, including "property owned, leased or maintained" by the district, all "school sanctioned activities on or off campus," on vehicles used "to transport students to and from school or at other activities" and in any vehicle (belonging to the school or to another owner) "parked on school property."
- a paragraph that states that both students and parents are "expected to be aware of and understand these activities," that students are to comply with the rules and parents to cooperate in their administration.

The rule itself is two paragraphs; it states simply:

"A student shall not possess, use, transfer, conceal, sell, attempt to sell, deliver nor be under the influence* of narcotics, drugs or alcohol, materials/substances represented to be a drug-controlled substance, or use chemical substances which can affect psychological functioning or affect the educational system of the school.

* The policy defines "under the influence" as "manifesting signs of chemical use/misuse such as staggering, odor of chemicals on breath of person, reddened eyes, nervousness, restlessness, falling asleep, memory loss or inappropriate behavior."

Students shall not engage in drug use/abuse nor possess paraphernalia specific to the use of chemicals.

Students who use prescription drugs authorized by a licensed physician do not violate this policy if the students conform to the appropriate school policies."

The consequences for violation of the Warren County rule are divided into four parts. Consequences for a first offense of possession, use, transmission or being under the influence of chemicals include immediate notification of parents by the school supervisor, a ten-day suspension, and written notification of parents of the suspension.

In addition, district officials "strongly recommend" that students seek treatment. For first offenders who agree to treatment, suspension can be commuted to three days.

For second and subsequent offenses, the same three steps of notifying parents of the incident, instituting a ten-day suspension, and providing parents with written notification of the suspension are followed. In addition, the school director recommends to the school superintendent that the student be expelled, unless the student agrees to be evaluated by a trained chemical dependency counselor.

Actions taken against those who sell or supply drugs include a ten-day suspension, with written notification of parents; notification of local police; a recommendation to the superintendent that the student be expelled; and a hearing on the case conducted by the board of education.

The policy also contains medical procedures to follow in cases of pupils who have overdosed on drugs and/or alcohol, with the stipulation that once the medical emergency has been properly handled, the procedures outlined above will be followed. (See APPENDIX 9 for a complete copy of the Warren County policy.)

Grossmont Union High School District
La Mesa, Ca.
Enrollment: 19,860

One district carries out its drug abuse rule by means of several review committees, and carefully outlines the function of those committees in its policy. The student drug abuse rule of the Grossmont Union High School District in La Mesa, Ca., is a nine-point procedural plan that takes school officials, students and parents step by step through the drug abuse response process, beginning with establishment of "evidence and documentation of an alleged student drug offense." In the Grossmont Union district, all drug offenses are reported to the police or sheriff's department and any student involved in a drug offense (which is specifically defined in the policy) is "immediately suspended, pending a school/student/parent conference."

After the student is apprehended by school or police officials for a drug offense, he or she is referred to the school's assessment and referral committee. This group—whose members include a vice principal, a

school psychologist, the local school nurse, and the student's counselor—meets with the student and his or her parents to assess the extent of his or her drug use and to outline alternatives.

Should this group recommend expulsion, an administrative review committee is convened, consisting of the school superintendent, the director of continuation education, and a principal of a local high school other than that of the student under review. The purpose of this committee is informational; it answers questions the student and his or her parents may have as to the expulsion process and the evidence that warrants an expulsion hearing before the school board.

Expulsion* is determined by the school board, either in a closed or an open hearing, following the administrative review committee's meeting with the student and the parents.

Procedures for readmission to the district following expulsion are equally detailed. Following the school board's action, the student's records, police arrest record, if available, and the reports of the various committees are forwarded to the director of pupil personnel services. Charged with determining a "realistic re-entry procedure for the student and the extent of involvement required by the parents," this official prepares a formal "conference readmission contract."

The contract—"the basic document for outlining the alternatives for the individual student"—is signed by the student, his or her parents, and the director of pupil personnel services. A copy is then presented to the school's readmission committee, which determines "the extent to which the contract commitments have been fulfilled and [establishes] a prognosis and time sequence for readmission."

Such commitments can include counseling for the student and/or his or her parents; a continuing education program; employment; community involvement; parent/student involvement in "moral and character-building activities;" and "documentation of attitude, conduct, and personal commitment with letters from clergy, employer, neighbors, etc."

In determining whether to readmit the student, the school's readmission committee—composed of the director of pupil personnel services and the local school's vice principal—considers a variety of criteria, including the nature of the violation that led to expulsion; the student's previous general school history; his scholarship and citizenship; his involvement in other school activities and in the community; his application letter requesting readmission; parental support and attitudes and student attitude and behavior; and the student's "degree of commitment to fulfilling the

specific designated requirements" that are part of the readmission contract.

Elements of School Substance Abuse Policies

Richard A. Schwartz, a Raleigh, NC attorney who represents a number of local school boards, suggests several necessary elements of a school substance abuse policy. They are:

- A code of student conduct, with "very specific" school discipline rules. This should include:
 - rules on drug and alcohol use, transmittal, conspiracy to possess, possession, and being under the influence
 - a section on drug paraphernalia and counterfeit, or "designer" drugs—synthetic drugs that mimic those drugs that have been ruled controlled substances (Designer drugs can cause devastating effects in the user, but, because their chemical composition is often unknown, have not been legally outlawed.)
 - violations-of-law clauses, that make "anything that's illegal off-campus equally illegal on-campus"
 - a statement detailing the time period during which students are subject to the policy, which Mr. Schwartz recommends wording "as broadly as possible"
 - a consideration of out-of-school conduct; for example, an agreement reached in the school cafeteria to sell drugs at a nearby mall that night could be considered an unlawful conspiracy that occurred on school property
- A statement detailing proper use of—and allowing for school officials' inspection of—jointly controlled school property such as school lockers and desks
- A statement describing activities prohibited on school grounds, such as the school parking lot
- Clearly defined sanctions, with provisions for consistency of enforcement—especially among different schools in a school district. "You don't want different sanctions for the same violation," Mr. Schwartz noted
- A due process and appeals procedure
- A clear definition of administrative authority in dealing with drugs in the school setting
- A statement on proper handling of student records, in accordance with the principles of the Family Educational Rights and Privacy Act (FERPA)
- A statement concerning investigations of and arrests by police in district schools (See the Appendix for a sample statement)

* When a school board develops or changes its policy on alcohol/drug use and its consequences, legal counsel should always be consulted to ensure that the policy is in compliance with state law and provides due process rights to the persons affected by the policy.

After the readmission committee has considered these criteria, the committee chairperson may submit a recommendation for lifting the expulsion or probation to the superintendent and the school board. Again, the board makes the final determination about readmitting the student.

If the student is reinstated, his or her record is "expunged of any notations relative to dangerous drugs or narcotics." The expunged record carries only the date the student was dropped from school rolls and the date of his or her readmission.

A rule as detailed as Grossmont Union's has several advantages. It leaves little room for interpretation by school officials, thus ensuring consistent application of the rule, no matter what the change in school officials. It requires that each case be carefully reviewed at several levels, which prevents action against the student being taken arbitrarily. It provides for parent involvement at key stages in the process—even providing parents with a committee whose primary role is to answer their questions.

Perhaps most importantly, the rule makes the student take responsibility for winning his own readmission to school—a plan that may show the student that he does have some control over his life, and is not subject only to the arbitrary decisions of school officials. (See APPENDIX 10 for a complete copy of the Grossmont Union policy.)

Waterford Township School District
Waterford, Mich.
Enrollment: 12,300

The differences among district drug abuse rules is proof that, as with other school district policies, each district must develop its own drug abuse rules, based upon the needs of its own students and community. While the Grossmont Union rule requires that all drug offenses be reported to the police or sheriff's department, for example, the drug abuse rule of the Waterford Township, Mich., school district encourages school officials: "Do not unduly involve law enforcement authorities."

In structure, the Waterford Township policy is different from both the Warren County and Grossmont Union policies. It is divided into the "four identifiable substance abuse problems experienced by the school." (The policy argues that "it is not often the case" that a student could fall into more than one of these categories, and therefore that each should be treated differently.) They are:

- the student using substances who voluntarily requests help from a staff member;
- the student using substances in school who does not recognize use as a problem to himself or the school;
- the student who is selling or providing substances to others; and

- the visitor or person not enrolled in school who is under the influence of, in possession of, or may be providing substances to students.

The Waterford Township policy lists five general guidelines that school staff should follow in all of these cases. They include keeping accurate records of all proceedings; not involving law enforcement authorities "unduly;" releasing information only in accordance with the school board student records policy; making judgments "that are in the best interest of all individuals involved;" and notifying the student's parents when his or her health is in danger (at which point the building administrator should see that the student is taken to a medical facility for care).

Apart from these five procedures, there is considerable variation among the separate guidelines for each type of student involved with substance abuse.

For the "self-referred student"—who asks for help from a staff member, is willing to discontinue use, and wants to work with a staff member to do so—the Waterford Township policy states that "the student may be treated for his problem in complete confidence." No contact is made with the police in this instance, and the student's parents are not contacted unless the student gives his consent (as long as his health is not in danger)—although the school counselor should encourage the student to involve his parents.* The staff member counseling the student notifies only the building principal of the arrangement, and confidential records—maintained "for purposes of counseling and referral"—are kept separate from the student's academic file.

For the student user—who either is under the influence, or possesses a small amount, of some substance for his personal use—the Waterford Township policy requires immediate notification of parents. If the building administrator is satisfied "that the appropriate measures will be taken by the student and the parents and that the problem will not recur," the policy states, "the matter may be closed at this point."

Otherwise, the administrator may apply disciplinary guidelines as outlined in the district's student code of conduct, notify legal authorities, and refer the student and/or his parents to the school's counseling department or a community service agency for assistance.

Police are always notified in situations involving students distributing substances or non-student users or sellers on campus. When a student is distributing drugs or alcohol, his or her parents are notified, along with the "appropriate" school director, and disciplinary guidelines are applied. (See APPENDIX 11 for a complete copy of the Waterford Township policy.)

* It is recommended that the school attorney be consulted before a policy decision is made on parental involvement.

A Difficult Task

These three substance abuse policies show the primary difficulty inherent in developing a substance abuse rule: while the rule must clearly outline the consequences that result from substance abuse, it also must offer a means of assistance to the student to overcome substance abuse. In addition, the rule must be firm enough to act as a deterrent to student substance abuse, yet flexible enough to approach each student violation on a case-by-case basis. As the Waterford policy shows, there is a great deal of difference between the student user who asks for help and the incorrigible student who sells drugs, even though each may have once smoked marijuana on school grounds.

Those school leaders developing a drug abuse rule, or revising an existing rule, should keep in mind the three basic elements of a substance abuse rule recommended by the U.S. Department of Education: definition of the offense, statement of the consequences of violation, and procedures to follow in handling violations. But they should also realize that the aim of school substance abuse policies is not only to enforce the consequences of violating the rules, but to offer assistance to drug abusers and their families. The best school substance abuse rules reflect these dual aims.

Developing Substance Abuse Rules

Legal Issues and Community Involvement

As with any type of policy development, school officials cannot proceed in a vacuum when drawing up rules prohibiting substance abuse, possession, or distribution. The advice of school attorneys is essential to ensure that the policy is in accordance with federal, state and local laws. In addition, because possession of drugs is a criminal offense, school officials should know how to conduct themselves so they do not impede the work of law enforcement authorities. They also must ensure that the constitutional rights of the youthful offender are protected.

"What constitutes a lawful and effective drug abuse policy is a complex legal and policy issue," notes Elizabeth Heffernan, a Washington, DC, attorney and school law specialist. The last chapter of this report will consider these legal issues in greater detail.



School district leaders should seek the advice of school attorneys and other legal experts, to make certain that their substance abuse policy is in accordance with federal, state and local laws

In addition to seeking legal advice, school leaders should also turn to members of the community in developing their rules against substance abuse. As with the development of drug abuse curricula and intervention strategies, the recommendations of teachers, parents, local law enforcement authorities, social services groups and others can greatly strengthen a district's drug abuse rules.

In addition, the mandatory process of open public hearings on policy development can help build community interest in and support for the district's drug abuse prevention program. The invaluable assistance community groups can provide to school leaders as they develop or strengthen their drug abuse prevention program will be considered in more detail later in this chapter.



School leaders should turn to members of the community for assistance in developing their rules against substance abuse

Developing Substance Abuse Rules

As has been shown, rules governing drug and alcohol abuse are useless if they are not enforced. Once the board has adopted its rules—as part of an overall drug and alcohol abuse prevention policy—the first step is to publicize those rules, so that all teachers, parents, and students understand their terms.

In Fairfax County, Va., for example, school officials require all parents and students to sign a form, in the first week of school each year, saying that they have read and understand the school's drug abuse regulations.

Enforcement of the measure on school grounds will depend upon "the severity of the school's drug problem," note federal education officials in *Schools Without Drugs*. In some schools, they say, members of the school staff themselves can supervise the school buildings and grounds, in addition to asking local law enforcement officials to patrol the areas near the school. In schools with more severe drug problems, the federal education department suggests, school officials can:

- use school security personnel to monitor school areas where drug use and sale have been common;
- require students and teachers to wear identification badges;
- develop a policy that permits periodic searches of student lockers and inform students that lockers used by them are considered to be school property; and
- ask the local police for help in stopping drug dealing in and near the school.

Application of penalties should be fair and consistent. As North Carolina school attorney Richard A. Schwartz has said, "the possibility does exist that principals in different schools may choose to interpret the district's

rules differently—which would seriously weaken the rule's effectiveness."



Rules governing drug and alcohol abuse must be enforced to be effective

"You don't want different sanctions for the same violation," Mr. Schwartz said.

The Minnesota State High School League handbook notes that three principles contribute to the effectiveness of rules against drug and alcohol abuse. They are:

- Certainty:** "that enforcement of the consequences will follow a violation";
- Severity:** "that consequences are a fair penalty for the act; otherwise the offense will be overlooked or avoided"; and
- Celerity:** "promptness of the procedure." In other words, once the offense has been detected, the appropriate response by school officials must be made swiftly.



In enforcing substance abuse policies, application of penalties should be fair and consistent

School officials may feel some uneasiness in suspending a student when his offense suggests that what he most needs is help—primarily in the form of psychological counseling. Certainly, no suspension should be carried out without the advice of legal experts. But professionals in the drug abuse prevention field stress the importance of suspension as part of a school policy against drug and alcohol abuse.

"I think that you should have suspension," Dr. Hall said. Suspension, she noted, should be part of a broader intervention program that can include referral for drug abuse assessment and home study during treatment. But strong consequences for use are essential to the success of a school's drug abuse prevention program, she said.

Mr. Lobo agrees with Dr. Hall. "Students respect laws and rules," he said, and the deterrent effect of suspension should not be underestimated. After all, he noted, "Using drugs is against the law."

II. Prevention Strategies: Developing a Substance Abuse Curriculum

Strong rules against substance abuse are important in all school districts. But just as students can learn to refrain for fear of punitive consequences, they can also learn—through a well-developed district curriculum

plan—to avoid drugs or alcohol because their lives are too important to give over to substance abuse.

A plan for education about substance abuse—what substance abuse is, what its effects are, ways to avoid peer and cultural pressure to use drugs or alcohol—should be a part of any school policy to combat substance abuse. The curriculum should begin at the kindergarten level, it should carry through the 12th grade, and it should deliver a consistent, increasingly comprehensive message with each succeeding grade.

"We have to educate all kids, starting in kindergarten," said Dr. Hall. "Frankly, I don't see much sense in [starting] programs that have to do with alcohol and drug education in the high school. Because by the time the kids get there, they've already made a decision and those that are going to get involved in this are going to get involved."



Substance abuse prevention education should be part of any school policy to combat substance abuse

Mr. Lobo agrees that education should begin in kindergarten. In addition, he noted, "Drug abuse education is not like changing a flat tire; you just can't go in twice a year and teach it. It has to be consistent; it has to start at kindergarten and work its way up."

Research on substance abuse prevention supports this contention. The "target audience" in which education "can most effectively develop prevention attitudes and behavior [is] the young group between 8 and 12 years of age," said Dr. Bell of the federal government's Office of Substance Abuse Prevention. As Dr. Schwartz has pointed out, the average age of first social use of alcohol is 11 years, while the average age of first social use of marijuana is 13.5 years. Thus, education of children ages 12 and under is crucial in the development of prevention habits.

Focus and Development of a Curriculum

While most educators are in agreement about the importance of developing substance abuse prevention curricula, the focus of those curricula has changed considerably in the last several years.

"When we think of the drug curriculum, we know that we have a very difficult job because we know that historically we've gone . . . various ways," said Selva Schechter, the director of Health, Physical Education, and School Sports for the New York City public schools. One method, which Ms. Schechter called "the scare technique," failed to work—in and of itself—because young people doubted the truth of what they were taught.



Substance abuse prevention education is most effective with children between the ages of 8 and 12

"We tell youngsters that if they take this, then this is going to happen to them," she said. "And youngsters learn very early that this isn't true. They've known lots of people, adults as well as young people, who have been involved in all sorts of substance use and abuse and all these terrible things don't happen."

The next phase in the evolution of drug abuse curriculum—which Ms. Schechter terms the "pharmacological approach"—focused on describing substances and their effects, in great detail. The "growing drug problem," however, was evidence that this approach, "in and of itself, wasn't the answer" either, she said.

Currently, she said, the focus of many drug abuse prevention curricula is less on presentation of facts about drugs and drug abuse (although this plays a part) than on those factors that cause a student to decide whether or not to use drugs.

"We have come to the realization that... youngsters... in the late elementary school, and certainly in the middle school years, are going to start making decisions," said Ms. Schechter. "What are those decisions going to be based on? What is going to be the major value or the major reasoning that is going to help that youngster make that decision?"

An important component in the process, Ms. Schechter argues, is "the youngster's concept of himself or herself."

Removing the Intoxicated Student From Class

When a student comes to class obviously intoxicated or under the influence of drugs, a teacher may be uncertain how to respond and may choose to wait until the conclusion of his or her class before speaking to the student.

The negative effect of such a response on other students is apparent from a story told by Heather Biff, a junior from Severna Park High School in Maryland who spoke at the NSREA forum.

"I just remember one day in school there was a student in one of my classes who was obviously under the influence of something, and one of the teachers, just before the kid left, took him out in the hall and said to him, 'Don't you ever come into my class stoned again.'"

"What kept that teacher from doing anything further than that?" she asked, with some concern. "Is it red tape that they would have had to cut through? Why didn't that teacher pursue that, report it to a counselor or someone like that?"

Four Goals of Substance Abuse Prevention Curricula

In *Schools Without Drugs*, the U.S. Department of Education suggests these four goals for substance abuse prevention curricula:

- to teach students to value and maintain sound personal health
- to teach students to respect laws and rules prohibiting drug use
- to teach students to resist pressure to use drugs, and
- to promote student activities that are drug-free and that offer "healthy avenues for student interest."



Many drug abuse prevention curricula now focus on those factors that cause a student to decide whether or not to use drugs

Those children who have a "positive self-concept," who believe that they have control over their bodies, and can "make a decision and follow through on those decisions" are going to have more strength to resist social and cultural pressures to use drugs and alcohol, she said.

In the New York City schools, which have a mandatory K-12 substance abuse prevention curriculum, the elementary school program helps children "understand themselves physically and emotionally—to understand that they have responsibility for their own health and for the management of their own lives," she explained.

Ms. Schechter also stressed that "the responsible and reasonable decision-making and coping skills that these young people have to have... [are] linked not only with values, but... with goals." Since so many young people turn to drug use because they have no goals, she said, another focus of the substance abuse prevention curriculum must be on helping young people "have a sense of what they can accomplish—that day-by-day, week-by-week, month-by-month, year-by-year goal-setting can be achievable."

"... if we could defer psycho-active chemical use by young people until they were 21 years of age, we would reduce the chronic addictive population by 50 percent"—David Bell, M.D.

"We have to educate all kids, starting in kindergarten. I don't see much sense in [starting] programs that have to do with alcohol and drug education in the high school. By the time the kids get there, they've already made a decision."

—Barbara Ball, Ph.D.

In *Schools Without Drugs*, federal education officials suggest that a substance abuse prevention curriculum has four basic goals. They are:

- to teach students to value and maintain sound personal health;
- to teach students to respect laws and rules prohibiting drug use;
- to teach students to resist pressure to use drugs; and
- to promote student activities that are drug-free and that offer "healthy avenues" for student interest.

In achieving these goals, school district leaders who are planning to develop a new substance abuse curriculum, or revise an existing one, have a variety of resources upon which to draw. They can review curricula of other districts. They can discuss successful strategies with school leaders in other districts. They can call upon substance abuse prevention experts in their area. They can and should discuss their plans with curriculum development experts, both in their district and elsewhere.

But as they go through this process, school officials should keep in mind that any curriculum they adopt must be suited to the needs of their own district. For this reason, Mr. Lobo suggests that school leaders do a "needs assessment"—a survey of their district's drug use patterns—before adopting or revising a curriculum. The fact that drug use habits invariably change over time will not invalidate the findings of the survey, whose purpose is to give school leaders a basis for designing their teaching program.

In addition, urges Paula Roth, a prevention and education officer with the National Council on Alcoholism, school leaders should carefully research the background of any curriculum they plan to adopt, before it becomes part of their school drug abuse prevention program.

"We've got a big industry in this country," she said. "We have an industry that makes money in treatment programs... [and] in selling prevention programs. So you have to be very careful about the programs that you select. What has the research shown? Have longitudinal studies been done? Have these programs impacted on children's behavior? I think all of this information is very important for you to know before you decide exactly what you're going to use in your school systems."

The involvement of teachers—both at the development and use stage—is critical to the success of any curriculum, noted New York City's Ms. Schechter.

"The only way we can get the teachers to teach the curriculum... is to first of all involve them in the curriculum development and the planning, [and then] to have extensive staff training programs in which they are given materials to use," she said.



Involving district teachers in developing a substance abuse curriculum is crucial to its success in the classroom

Furthermore, she said, in New York several groups of people besides teachers and other school staff participate in both curriculum development and staff training.

"We never have a situation where somebody sits in an ivory tower... and does writing," she said. "We [work] with many, many groups of people from both the school community and the anti-drug community, and really it is a collaborative effort involving parents as well."

(For a closer look at one district's substance abuse curriculum, see APPENDIX 6.)

Cognitive and Affective Training

In designing a substance abuse prevention curriculum, school leaders may want to include not only cognitive but affective elements. The knowledge that substance abuse is dangerous does little good if the student nonetheless lacks the power to refuse, substance abuse prevention experts point out.

"In most cases, we beat kids over the head with the cognitive," said Domingos Lobo. "Let's talk about the affective—role-playing. The youngsters have told me: 'O.K., what do you do? Just say no? Then what?'"

Just as some cognitive curriculum elements teach children they are too important to use drugs, affective instruction gives children practical tips on how to say no and be successful when faced with an offer to use drugs or alcohol.

Instruction in Many Subject Areas

In most school districts, substance abuse prevention materials are well-designed, comprehensive curricula that are part of the larger K-12 school health curriculum. But, where possible, special units involving substance abuse prevention may be taught in other subject areas as well.

For example, students in English composition classes can write argumentative essays or research papers on the dangers of substance abuse. In history classes, teachers can prepare lectures on the use by other cultures of mind-altering substances, and the effects of that use. Science classes can study the chemical

composition of certain controlled substances, and the areas and functions of the brain that can be damaged by use of these substances.

Social studies classes can discuss why, as Dr. Bell has said, the people of this country are "the most psycho-active, chemically dependent people on the face of the earth." Classes in geography or world cultures can discuss the effect that the use of drugs in this country has on Central and South American countries. Many schools already include a unit on drinking, drugs, and driving in their driver's education courses.

One issue that lends itself to study in a variety of subject areas is the pervasive presence of advertising and other pro-substance-abuse messages in popular culture. The impact of these messages can certainly be studied as part of the substance abuse curriculum in health classes. In addition, English classes can study how advertising messages are developed and why they are so persuasive; drama units in literature classes can consider what purpose the drinking scenes serve in many television shows and movies; and social studies and history classes can consider what these messages say about the preoccupations of our society.



Schools should teach students to recognize and resist the subtle influences of advertising, including advertising that promotes drinking

Joint School/Community Substance Abuse Prevention Curricula

In many communities, school leaders can call on local experts—doctors, mental health counselors, and law enforcement officials—to make brief presentations to students on the harm that substance abuse can cause. Some schools even bring in national experts to give speeches—at considerable cost to the district. But while these short presentations may make a strong immediate impact, drug prevention professionals argue that programs which take place over time are much more valuable to school students.

"We need to spend our money on things that are going to have a lasting, continuous effect," says Dr. Ball of the Mediplex Group. After some special school programs, she notes, "You've got a lot of kids in the audience crying and sobbing and carrying on, but two days later those kids are all down in the parking lot getting high again."

Nevertheless, because the benefits of an outside perspective on substance abuse cannot be denied, school leaders in some communities have joined forces with other concerned community groups to offer extended programs on substance abuse prevention in the schools.

"Drug abuse education is not like changing a flat tire; you just can't go in twice a year and treat it. It has to be consistent; it has to start at kindergarten and work its way up."

—Domingos Lobo

In New York, for example, the city police department and the school district have banded together to create SPECDA—School Program to Educate and Control Drug Abuse.

The SPECDA program—eight lessons each year for fifth and sixth graders—is taught jointly by a police officer "in full uniform" and one of the school's drug counselors, according to Ms. Schechter. The program's goals are to improve the students' attitudes and perceptions concerning drug use; to increase their awareness of the effects and consequences of drug and substance abuse; and to develop an "ongoing dialogue" between young people and police officers, according to the school district.

Results thus far have been favorable; SPECDA "has proven to affect the youngsters' attitude and their knowledge" about drug abuse and drug abuse prevention, Ms. Schechter said. Most important, she said, is that, over time, the fifth and sixth graders begin to see the police officer who comes to the schools "as a friend" rather than as an impersonal arm of the law—a fact which can give a great deal more weight to what he or she tells them about the dangers of substance abuse.

A similar collaborative effort between police and the public schools—Drug Abuse Resistance Education, or DARE—is currently operating in Los Angeles.

DARE is the brainchild of Los Angeles Police Chief Daryl Gates, who felt that the war on drugs might be better served if some members of the police department turned from battling drug trafficking in the streets to stopping drug use before it began—by educating young people in how to refuse drugs.

Chief Gates proposed the idea to the board of the Los Angeles Unified School District and was enthusiastically received. The program, which started in 1983 in 40 schools with 10 officers, has since spread to more than 400 schools, with more than 50 officers involved full-time.

DARE, which consists of 17 weekly lessons throughout one semester for fifth and sixth grade students, focuses not on "scare tactics," but on alternative activities and on developing ways to resist peer pressure to use drugs, according to Marty Estrin, a spokesperson for the school district.

The long-term effects of the program cannot yet be measured. But student attitude tests taken before and after the course show that DARE has improved students' attitudes about themselves, increased their sense of responsibility to themselves and to police, and heightened their ability to resist drugs.

Substance Abuse Prevention in Small Districts

Substance abuse is so widespread in this country that most school districts—large and small, urban, suburban and rural—have felt its effects.

In all districts, the results are equally devastating. But smaller districts, and those in more rural areas, may feel at a disadvantage in addressing the issue. In addition to having limited resources to spend on prevention measures, school leaders in some smaller districts may suspect that members of their community lack sophistication about the serious harm substance abuse can cause, and so would not support prevention programs.

The example of Essex Junction, Vt.—a town of some 7,000 residents located near Burlington may prove useful here.

In 1981-1982, at the urging of several school board members concerned about student drug use, the local high school sent representatives to three national substance abuse workshops, and organized a series of evening community meetings on student substance abuse.

District officials held an inservice school staff program, wrote grants, assigned key personnel, and designated a substance abuse prevention budget for the following year.

The next year, under the direction of a school guidance counselor and a health educator, school officials and staff took several more steps against substance abuse. Measures aimed at students included:

- an assembly to explain the new program and policy
- 16 classroom presentations
- referral of students for drug counseling
- development of student groups, and
- peer prevention training for five students through a nearby treatment center

Staff measures included:

- inservice meetings for all teachers
- a separate meeting for high school teachers
- training of faculty at the nearby treatment center
- volunteer teacher drug advisory meetings, held after school, and
- development of drug and alcohol abuse programs for K-8 schools.

Within two years after school leaders had first voiced concerns, the Essex Junction district program had raised community awareness, trained teachers and students, referred troubled students for treatment, begun parent education workshops, and created a state committee to lobby the Vermont legislature for statewide drug and alcohol abuse education.

While impressive, the results of Essex Junction are not unique. The same results can be achieved by other small, non-urban school districts if school leaders, school staff, and the community work together.

The same strategies that work in larger, more affluent districts can work equally well in smaller, less wealthy ones: what is essential is to recognize the problem of substance abuse and resolve to address it. And, no matter how strong the school's program is, it will be less effective without the support of the community—no matter what the size of the district.

As Betsy Ferries, Director of Essex Junction's wellness program, said in a letter to Dr. Richard Schwartz: "We have taken a strong approach at the high school but, in order to make major effects in a young person's behavior, it will take a total community awareness. . . [This] is slow to evolve, but we are headed in a positive direction."

Mr. Estrin points to two reasons for the program's success thus far. First, DARE has "focused on the most effective approaches students will be responsive to"—primarily, clearly showing them how to resist pressure to use drugs. In addition, he said, the use of police instructors, specially trained by the school to present the materials, makes a forceful impression on young students.

As they reach out to the community for assistance with substance abuse prevention, school leaders may find groups in their own areas that are willing to plan and run similar programs. Once again, making the community aware of the extent of its drug abuse problem and the need for the entire community to address that problem is a good place for school leaders to start.

(Leaders of smaller districts may feel they lack the resources available to districts like Los Angeles and New York to develop substance abuse prevention programs. For a closer look at one small district's efforts, see the box above.)

How Effective is a Substance Abuse Curriculum?

Assessing the effects of a substance abuse prevention curriculum is not an easy task. As Ms. Roth said, "There are many, many different kinds of programs, different kinds of approaches, and there has been little evaluation done over time to see whether these programs really delay the onset of drug use among kids."

There are, however, some signs that school drug abuse prevention curricula are having an increasingly positive effect upon students. A 1987 *Weekly Reader* national survey on children's attitudes toward drugs and drinking found that the number of students in grades 4-6 who said school was their primary source of information about the dangers of drugs and drinking had risen "significantly" since a 1983 survey.

In the 4th grade, for example, 32 percent of the students surveyed in 1987 named school as the place where they learned most about these dangers. This

figure represents a 100 percent increase over 1983, when only 16 percent of fourth graders said they learned most about the dangers of drugs and drinking in school.

In addition, in grades 4-12, "teaching kids the facts about drugs" drew the most responses as the answer to the question of what school measures work "very well" to keep kids away from drugs and alcohol. In this category, interestingly, "setting and enforcing rules" drew the fewest number of responses. (The other choices in this category were "talking with kids about their problems" and "providing activities so kids can have fun without drugs".)

When asked what one thing is most important for schools to do more of, the fourth, fifth, and sixth graders responded as follows:

- 44 percent said "teach kids the facts about drugs";
- 21 percent said "provide activities so kids can have fun without drugs";
- 21 percent said "talk with kids about problems"; and,
- 3 percent said "set clear rules about drugs."

But although there may be disagreement among education professionals about the effects and design of drug abuse prevention curricula, most educators would no doubt agree with educator Richard Hawley's assertion that "Preventing drug abuse is easier, more educational and more fun than remediating drug problems once they exist."

"Prevention, intervention and treatment are all essential ingredients of anti-drug-abuse policies," he writes, "but prevention is by far the most promising approach."

Nevertheless, intervention cannot be left out of a school district effort against drug abuse. The following section considers intervention strategies that school officials may want to make part of their drug abuse prevention program.



One recent survey of elementary school students suggests that drug abuse prevention curricula are effective in educating young students about the dangers of drugs and alcohol

III. Intervention Efforts for Students Who Use Drugs

The three primary goals of intervention are: recognition of the problem by school staff; referral of the student for evaluation and treatment; and support for the student returning after treatment. This process, however, is always far more complicated in practice than in theory. In addition to outlining rules against drug

Drug Abuse Does Not Discriminate

School rules on drug and alcohol abuse may vary somewhat depending on the nature of the school's chemical abuse problem. Factors can include the type of school, the neighborhood and the level of sophistication of the students.

School leaders in suburban neighborhoods, however, would be remiss in thinking that, because they are in the suburbs, their drug abuse problems must be less serious than those of schools in some inner-city neighborhoods.

As narcotics training specialist Domingos Lobo notes, "Drug addiction today... is an equal opportunity sickness."

use and stipulating curriculum development, then, a school substance abuse policy must carefully delineate the steps involved in staff efforts to come between students and substance abuse—through what are often referred to as student assistance programs.

Confrontation of a student, no matter how "caring," is never an easy task, but the job can be made less difficult, and therefore more effective, if all staff are aware of the procedures to follow and if at least one person in a school has responsibility for coordinating and monitoring the process. A well-organized student assistance program can help both students and school staff as they jointly face the problem of student substance abuse. (See APPENDIX 7, "One School District's Response to Student Drug Use," for a closer look at a student assistance program.)



The three primary goals of intervention are: recognition of the problem by school staff, referral of the student for evaluation and treatment, and support for the student returning from treatment

Staff Training

Few teachers in a school district would be pleased to hear that they are, according to educator Richard Hawley, the "eyes and ears" of a school's student assistance program. Teachers in most schools already feel overburdened; it is a rare teacher who would welcome hearing that, in addition to his other obligations, he also must be on the alert for signs of drug and alcohol use in students, and be prepared to regularly report what he sees through an established system that involves the filing of brief reports and meeting with other teachers.

The key to overcoming such resistance, according to Dennis Nelson, coordinator of substance abuse programs for the Fairfax County, Va. Public Schools, is to explain to teachers that taking part in substance abuse intervention efforts will lessen their work. If teachers help control substance abuse, Mr. Nelson explains, they will see fewer students acting inappropriately in class; hear fewer complaints from administrators about students with failing grades, and face fewer conferences in which an angry parent complains that his or her child is not learning anything.



Teachers may be more eager to participate in student assistance programs when they learn that, by controlling substance abuse, these programs will reduce rather than increase their workloads

"We tell teachers that they're right, and they shouldn't have to deal with substance abuse," Mr. Nelson said. "But by not dealing with it, they're making themselves have more work." Those familiar with student assistance programs point to three components of any successful plan: awareness, training and team work.

"How can you prevent something that people are not aware of?" asks the District of Columbia's Mr. Lobo. The District requires that all teachers be certified in substance abuse training. When he conducts those training sessions, Mr. Lobo said, he begins with such basic issues as explaining different types of drugs and their slang names, and describing the behavior patterns of a person who is under the influence of drugs or alcohol. He even lets teachers smell the characteristic odor of burning marijuana—a new experience for more than a few teachers.

In Fairfax County, all school staff who come in contact with students receive substance abuse intervention training—from teachers and principals to food service workers, bus drivers and custodians. The training is "ongoing," Mr. Nelson said, and includes special procedures to train new teachers and to inform them of the administration's expectations in this regard.

(Local drug treatment centers or hospitals may offer such training courses for interested school staff. Staff at the North Allegheny Intermediate School in Pennsylvania, for example, receive student assistance training at a nearby hospital in Pittsburgh.)

The team concept is important in intervention because school staff must be assured that they are not going to be asked to—and in fact should not—singlehandedly confront a student who they suspect has a drug problem.

In Fairfax County, for example, school staff are told that if they observe certain tell-tale behaviors they are



Successful student assistance programs have three components: staff awareness, staff training, and teamwork

"to make the appropriate referral to the appropriate person in the building" who is charged with keeping a comprehensive record of such observations, Mr. Nelson said.

A Pivotal Role

In schools with well-defined student assistance programs, one person is charged with determining whether the various observations of a student by school staff signal substance abuse. This role is pivotal: the "student assistant assessment person," as he or she may be called, acts as a liaison between staff and students, and between students and in-school assistance and outside treatment programs. He or she works with the student and the student's parents, evaluates the program of treatment, and helps coordinate ongoing support after the student returns to school following treatment. [See box on page 28, "Student Assistance Program."]

The person responsible for student assessment may be a school drug counselor, the school psychologist, or perhaps the school nurse. What is most important is that the person fully understand chemical dependency—including the best ways to intervene with student substance abusers and how to support students when they return after treatment.

Where possible, schools are well served by having a drug counselor on staff. Again, the drug counselor must fully understand the disease of chemical dependency and be able to respond appropriately to student substance abusers. Dr. Ball of the Mediplex Group notes that, were she choosing among potential drug counselors, she would give special consideration to a person who had personal experience with recovering (for a period of at least three years) from chemical dependency.

Employee Assistance Programs (EAP)

Employee substance abuse is not the focus of this report. Nevertheless, because substance abuse is widespread in our society, school administrators and leaders should consider developing policies for aiding employees with substance abuse problems.

Assistance programs work equally well with employees and students, although they are structured somewhat differently. For example, the supervisor is generally the one who brings to the employee's attention work problems that may be related to substance abuse.

A liaison with an outside referral group is important. Many employers enter into formal arrangements with local hospitals or drug treatment centers that provide assessment, counseling, referral, and follow-up of employees.

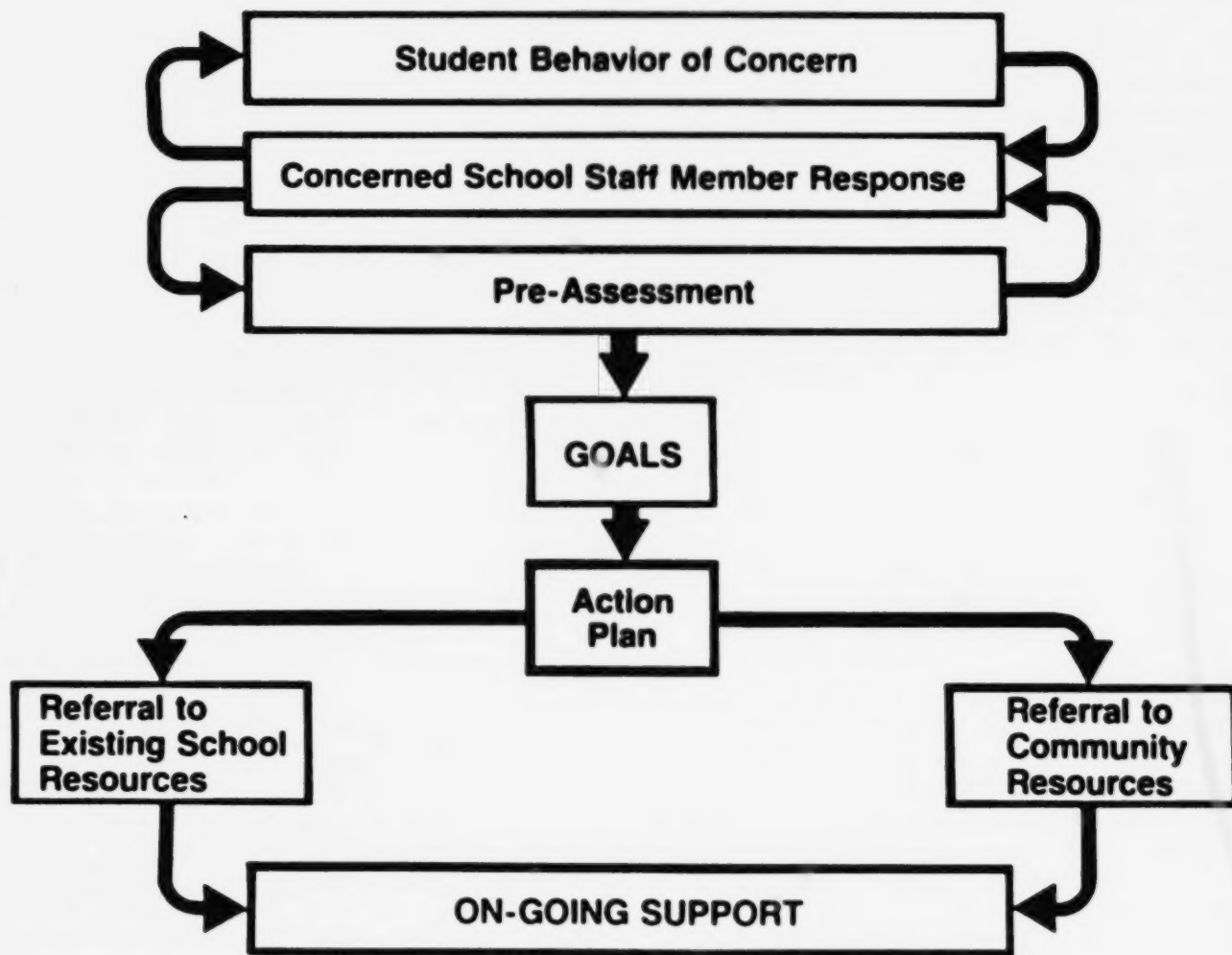
Some health care providers develop programs specifically for local employers, providing substance abuse assistance as needed for all persons whose employers enroll in the program.

Schools offering employee assistance must ensure that the employee's privacy is protected. For this reason, the

involvement of other school staff in employee assistance programs should be kept to a minimum.

Clearly, employee and student substance abuse are two separate issues. But school officials share a common responsibility to offer treatment to both groups of persons in their schools.

STUDENT ASSISTANCE PROGRAM



(Source: Griffin, T., "The Role of Activity Director and Coach in Response to Student Chemical Use Problems," Hazelton Foundation for the Minnesota State High School League, 1983. Reprinted with permission from the Hazelton Foundation Publishers.)

Confronting the Student

Telling a student about behavior that may indicate substance abuse is a difficult task, and for this reason it should be left to a staff member who has had training in this area. The best place to start, experts urge, is by telling the student what has been observed—for example, chronic truancy, lateness to class, falling grades, or sleeping in class. The counselor then can state his concern about the student's behavior, and ask if the student can explain what has been happening.

Richard A. Hawley, in his useful book *A School Answers Back: Responding to Student Drug Use*, suggests the staff counselor ask the student to concentrate on improving his or her behavior, and then ask if perhaps drugs may be involved. Saying, "We have no evidence that you have been involved, but we have learned to ask," is one way of raising the issue, he suggests.

Should problems continue, in spite of the student's promise to improve his or her behavior, the school's student assistance assessment person should again contact the student, and again suggest that drug use may be a factor. At this point, most counselors recommend contacting the student's parents, and referring the student to an outside treatment center or agency for evaluation and possible out-patient or in-patient treatment of his or her dependency problem.

At this stage, it is crucial that school staff be well acquainted with the places where they are referring students, including the staff and their treatment strategies. In the best student assistance programs, the student assistance assessment person has an active relationship with local referral centers, and keeps in close touch with the staff. Having a network of referral centers closely linked with the school improves both the student's chances of getting help for substance abuse and the quality of the school's substance abuse program.

In addition, school student assistance personnel should never assume that all local medical authorities are qualified to respond to substance abuse—especially substance abuse in children and young people. Dr. Schwartz, who is a pediatrician himself, acknowledges that many pediatricians are unfamiliar with both the signs of substance abuse and the proper methods of treatment. Students suffering from substance abuse deserve to be treated by persons qualified to help them.)

Referring students for evaluation or treatment can be a delicate process, since students rarely respond to treatment if they are sent against their will. For students who have violated school rules—against drug use or against other rules such as repeated tardiness or truancy—a treatment requirement can, as has been shown, be an alternative to suspension. But other students, who may not have violated any laws but who clearly exhibit "red-flag behaviors," have less external pressure to receive treatment. Here again, as throughout the student assistance process, the need for trained individuals in the school setting is clear.

School Support for Students After Treatment

Treatment for chemical dependency is a painful process. In addition to the physical symptoms that accompany withdrawal from substance use, the former user is invariably confronted with at times overwhelming feelings of shame, anger, guilt and depression for the way he or she has acted while using drugs.

In addition, anyone who has been involved in chemical dependency is at risk of relapsing; Dr. Schwartz estimates that as many as 50 percent of all young people treated for substance abuse will relapse within the first two years following treatment, and some will relapse "several times."

Qualified treatment centers, whether in-patient or out-patient, will not advise a student to return to the school building until he appears able to do so. But unless he receives strong support from his school upon his return, his chances of returning to drug use are great.

"A treatment center is a very safe place to be," said Dr. Ball. "But when you take a young person from that safe place," without a support network in the school, "you pop them right back into a jungle with basically no weapons. Because any young person who ends up in treatment still has nine out of ten friends who have the same use patterns that they had."

School support systems for the recovering student can include:

- access to drug counselors;
- support groups run by drug counselors or other trained staff persons, where recovering students can meet, during school or after school, to talk about the problems they face trying to stay "straight"; and,
- regular after-school meetings of Alcoholics Anonymous or Narcotics Anonymous groups.

In addition, a part of staff student assistance training should be in awareness of just how difficult it is for recovering students to continue their recovery in school.

Peer Counseling

In peer counseling programs, non-using students offer counseling to other students who are involved with drugs and alcohol. While it is true that students often are more comfortable talking with other students, however, more than a few drug abuse prevention experts maintain that—because of the serious nature of drug abuse—peer counseling programs in schools are useful only within carefully defined limits.

"In theory, it's great," says Fairfax County's Dennis Nelson. "But we're asking youngsters to play with dynamite." Fairfax County does provide training to students who want to counsel their peers, but Mr. Nelson offers two cautions to districts who would like to do the same: have a process to "quickly weed out" those students who don't have the level of commitment and maturity necessary for the job; and explain to

students who stay that their primary role is "not knowing what to do but who to refer to."

"Limited confidentiality" is the operative phrase in peer counseling, says Mr. Nelson. Student counselors agree to immediately report any situation that sounds serious (such as talk of suicide) to an adult supervisor.

In Fairfax County, all students who come to other students for counseling are aware of this limited confidentiality, and Mr. Nelson admits that some may decide not to see a peer counselor for that reason. But the limited role of peer counselors—"as a shoulder and a sounding board"—does provide help to some students, he said.



Successful peer counseling programs operate on the principle of 'Limited Confidentiality:' student counselors agree to report to adult supervisors all serious situations they encounter

In some school districts, students recovering from substance abuse act as counselors by going to classrooms and talking about the effect substance abuse has had on their lives. In most such programs, students are required to have been drug-free for a certain minimum number of months.

This type of program has a double benefit. It gives students who may be thinking of using, or already experimenting, firsthand evidence of what happens to the drug abuser after the initial euphoria of drug use wears off. In addition, speaking to other students as a "counselor" can provide the recovering student with a much-needed sense of self-worth and purpose.

Student Leadership Training

While Fairfax County's Mr. Nelson describes the value of peer counseling as limited, he is far more enthusiastic about another student intervention program developed in his district: student leadership training.

The program involves selection of 40 students in a school who are "natural leaders," taking them on a three-day retreat, building them into a team, and having them develop a plan for improving their school.

The "leaders" are not necessarily all members of the National Honor Society. One may be a class president; another may be the student who is "always in trouble, but always has five or six other kids following him," Mr. Nelson explained.

The students look at issues such as vandalism, tardiness, or lack of extracurricular activities. They develop a plan of action to address these issues, and each agrees to be

a team leader when they return to school, bringing other students with them in the effort to improve the school.

The idea behind student leadership, Mr. Nelson explained, "is to give kids a pride in doing something positive" and to give students a sense of "ownership" of their school.

And, although it may not seem like it at first, the program relates directly to substance abuse prevention, Mr. Nelson argues.

"If you improve the school climate," he explained, "you can reduce substance abuse by never mentioning the word 'substance abuse.'"

Funding Substance Abuse Prevention Programs

In developing any school programs, school leaders must consider costs. Setting up a student assistance program or developing a substance abuse curriculum may seem like a costly luxury to school leaders faced with tight budgets. For both types of programs, staff training is required, and student assistance programs also may require hiring additional personnel such as drug counselors. In many communities, however, school districts can look to a variety of outside sources for financial assistance in fighting substance abuse.

Funding may be available through:

- the U.S. Department of Education,
- state education departments,
- state health departments,
- local mental health agencies,
- local chapters of national drug abuse prevention groups, such as the Chemical People Institute,
- local business groups, and
- local service organizations such as the Lions Clubs.

In addition, cooperative efforts with other groups in the community may ease the school district's burden of funding substance abuse programs. In the Los Angeles Unified School District, for example, the police department has assumed the majority of the costs for the Drug Abuse Resistance Education (DARE) program, in which police officers conduct drug abuse prevention classes in schools.

According to Los Angeles school district's Marty Estrin, the primary cost to the school district has been the hiring of two coordinators for the program—one at the elementary and one at the junior high school level. The police department, which has contributed the full-time services of some 40 officers, has eased its own budget burden in part through special state grants and requests for contributions from local businesses and corporations.

Providing funds for a substance abuse prevention program, then, may require ingenuity on the part of school leaders. But advocates of substance abuse prevention, who argue that these programs are necessary expenses for nearly all school districts, say the rewards are more than worth the extra effort.

Says Dr. Charles Erdeljac, principal of the North Allegheny, Pa. Intermediate School near Pittsburgh: "My own opinion is that the cost is minimal given the return."

Schools that Care

Intervention efforts by school staff are helpful to student drug users because they put them in touch with people who can treat them for their chemical dependency and show them a path back to a life without drugs. But they are helpful for another reason as well—one that may not be immediately apparent to the student who is helped, the staff participating in intervention efforts, or the district leaders who make intervention the third leg of their drug abuse prevention policy.

When asked what single thing she would do to create a school climate where drugs could gain no foothold, adolescent psychiatrist Nancy Stone had this to say: "It seems to me that the alienation I see in these tremendous public schools fosters the ability of a kid not to look at consequences. I used to consult in the schools, and, as you move up toward junior high and high school, there is more of a sense of isolation and anonymity. If you get up in many of these tremendous high schools, you feel like the kids get lost, and nobody knows anyone."

The way to combat this sense of isolation, and the lack of responsibility it can foster, may be to make high schools and junior high schools "more like the elementary schools, which I see are truly support systems," she said. "The kids have some feeling that someone knows and someone cares, and someone's going to notice if they do something they shouldn't do."

Dr. Erdeljac strongly supports Dr. Stone's suggestion. "A relationship with a chemical substance is exactly that; it's a relationship," he said. "And I'm an optimist enough to believe that if we model loving relationships for our young people and for one another, they will seek instead to have authentic, loving relationships."

"Every school not only needs to be a good school, it needs to be a loving school," he said. "I know that's not at all what you expect to hear from a high school principal, but I'll leave it at that."

The best school intervention efforts, then, can serve this larger purpose: they suggest to a student in trouble that he or she is not alone and that, as Dr. Stone put it, someone knows them, and someone cares.

IV. Involving the Community in Drug Abuse Prevention

How to Begin

School leaders may be convinced of the need for building community support for substance abuse

prevention programs in their schools. But they may still be unsure of how to garner that support. Mr. Lobo, the District of Columbia narcotics training specialist, suggests that one place to begin is in the schools.

In addition to surveys of students on drug use, he urges, staff education and awareness is key to building community support for school substance abuse prevention plans. A school that has the support of its faculty can then move out forcefully into the community, according to Mr. Lobo. Parent-teacher organizations are the logical next step, because they provide a direct link from the school to the community, and because the individuals involved in these groups generally are accustomed to working in groups to address problems.

The next step—which can be an outgrowth of informal parent-teacher discussions—is to form a team charged with finding specific solutions to the problems of substance abuse in the schools. One of the stated goals of the team can be to look for additional resources in the community. Planning can continue at that level as representatives from different types of organizations join, with the ultimate aim—according to Mr. Lobo—of building "broad, broad community support."



Staff education and awareness is key to building community support for school substance abuse prevention plans

Persuasive Arguments

The difficult problem of community denial of substance abuse can be confronted by reminding various groups in the community of the effects of youthful substance abuse on their own lives. For religious and other social service organizations, for example, substance abuse can mean increasing rates of family violence, broken homes, teenage pregnancy, suicide and homicide.

For the business person, today's youthful drug user can become tomorrow's tardy, irresponsible employee.

For law enforcement officials, substance abuse can mean increased arrests of juveniles, violent domestic disputes, fatal automobile accidents, and homicides.

(In some communities, local police may be reluctant to become involved in community-wide drug abuse prevention efforts, because they may feel publicizing local levels of drug abuse will suggest they are not doing their jobs.)

The argument that Fairfax County's Mr. Nelson posed to teachers may have some success here: police officers may find that, if they join in a broad community effort to fight drug abuse, their jobs will become easier because crimes related to drug abuse should decrease.)

Schools, Service Groups, and Churches

Across the country, many different types of community groups have become involved in substance abuse prevention. In New York and Los Angeles, police officers are working jointly with schools to educate students about the dangers of drug abuse. In Toms River, New Jersey, service organizations such as the Elks Club have joined together with local businesses with the aim of educating parents and the community about drug abuse prevention. In Washington, D.C., a local church has started classes in drug abuse prevention for fourth, fifth, and sixth graders—an effort that began after a church member who is also a public school teacher attended a school district training session on teacher substance abuse awareness.

The Chemical People Institute, headquartered at Duquesne University in Pittsburgh, has had great success in joining different members of communities into local drug abuse prevention groups.

Some 8,000 volunteer Chemical People "task forces" now exist nationwide. Members include parents, school personnel, drug and alcohol abuse professionals, law enforcement officials, young people, clergy, business people, and others.

One of the Institute's principles is that a group can exert more force against a problem than can separate individuals with similar concerns. A Chemical People task force provides individuals with strength and a "safe umbrella" from which to operate. "Even three committed people can make an enormous difference," says the Chemical People Institute.

Activities of the local task forces have included: sponsoring seminars and workshops on student drug abuse; publishing community newsletters; reviewing school drug abuse prevention policies and curricula; following new state drug abuse prevention legislation; and creating and manning hot lines for young people and parents.

Parents' Groups

Some of the most powerful drug abuse prevention community groups in this country are those begun by concerned parents. In 1983, the National PTA began providing drug abuse prevention planning kits to local PTA chapters; since then, more than 5,000 local chapters have requested the kits.

The kits provide local PTAs with information on how to conduct drug and alcohol abuse prevention campaigns, emphasizing the importance of forming coalitions with other concerned groups in the community. Working with drug abuse prevention specialists is a key component of this effort, according to Jeanne C. Koepsell, health specialist for the National PTA. Most members of local PTA units are volunteers, she notes; the National PTA advises them to "connect with experts" for assistance.

Local PTA efforts against student drug abuse have included holding informational meetings, organizing teen centers and starting "Just Say No" clubs. Local PTAs also have worked in tandem with local chapters of Mothers against Drunk Driving (MADD) and Students against Drunk Driving (SADD). The National PTA urges that students be closely involved in planning any local drug abuse prevention activities.

Key to the success of PTA student drug abuse prevention efforts, Ms. Koepsell suggests, is a close relationship with the district's school board. "We tell [local PTA chapters] they should be working with the school board, and find out what they already have planned," she said.

The international parents' organization PRIDE is proof that the efforts of a few concerned individuals can have broad-reaching effects. PRIDE—the National Parents' Resource Institute for Drug Education, Inc.—grew out of conversations among a group of concerned parents and educators in Atlanta. In 1978, 200 persons attended PRIDE's first conference for parents. In 1986, that same conference drew 4,000 attendees, and the organization now has national branches in Australia, Belize, Canada, Honduras, and Panama.



School leaders can enlist community help in the fight against substance abuse by informing the community of their current substance abuse prevention plan and asking for proposals to strengthen the plan

PRIDE begins its work in parent groups that are based on a child's circle of friends. The parents, who in many communities may be strangers to one another, get to know one another and agree that they will not allow their children to use alcohol or other drugs, or to participate in social events at which alcohol or drugs are present.

From these small "friendship circles," PRIDE parent groups expand to the neighborhood level. PRIDE groups also work with participating schools, by developing a "small team" of a few parents in each school. The aim of that school team is to educate the parents of other children in that school about drug abuse and drug abuse prevention.

PRIDE members also operate at the city, state and federal levels to influence drug abuse prevention policy development and legislation.

"This is a pyramiding kind of system," says Thomas Gleaton, PRIDE's executive director. "We begin with a plan of action that parents are responsible and they do care." Once it begins, Dr. Gleaton says, the PRIDE system quickly builds upon itself, forming many layers of influence.

Schools Reaching Out

Many community groups have impressive records in student drug abuse prevention. But school leaders rarely can afford to wait until concerned individuals form into groups to deliver much-needed community support for their drug abuse prevention policies.

In some communities, school leaders must take the first step to develop community interest in drug abuse prevention efforts, by reaching out to the community for support for their programs. Building such support can begin with a meeting to inform the community of the current school substance abuse prevention plan—

including substance abuse rules, curricula, and intervention efforts. At that meeting, school leaders can then suggest that members of the community propose ways to make that plan more effective.

In addition to contacting parents, police, service groups, businesses, and religious organizations, school leaders also should target social service agencies, local medical societies and area substance abuse treatment centers.

Above all, representatives of all groups should realize that solving the community-wide problem of substance abuse requires the cooperation of all participants.

As Fairfax County's Mr. Nelson puts it, "Everybody needs to sing from the same sheet of music." ■

McGRUFF TO THE RESCUE

Teaching young children about the dangers of drugs and alcohol can be difficult for parents and teachers. Adults may find it hard to believe that eight-year-old children can have any understanding of or interest in drugs and drinking. Yet the 1987 *Weekly Reader* survey proves that even elementary school children are aware of drugs and alcohol, and some are already experiencing peer pressure to try them.

To help adults approach children with the hard facts about drug and alcohol abuse, the National Crime Prevention Council has enlisted the aid of the friendly, trench-coated, detective hound dog McGruff, known for his slogan "Take a Bite out of Crime." As part of its Keeping Kids Safe Kit, the Council has developed a small booklet of say-no tips from McGruff, called "Winners Don't Use Drugs!" The well-informed pooch talks to kids in their language about drugs and alcohol, dispensing such information as:

- Beer and wine have the drug alcohol in them.
- Alcohol can make you sick to your stomach.
- You could throw up. It can make you act in embarrassing ways, and even make it hard for your brain to grow right.
- Cigarettes have the drug nicotine in them. Nicotine, like alcohol, is addictive (like many other drugs). This means your body depends on it even though it's harmful. Cigarettes give you smelly breath and burn holes in your clothes.

For more information about McGruff's anti-drug campaign, write or call the National Crime Prevention Council at 733 15th Street, N.W., Suite 540, Washington, D.C., 20005, (202) 393-7141. For additional information about the McGruff puppet's other elementary school child protection programs, write: McGruff, P.O. Box 82008, San Diego, Ca., 92138.

LEGAL ISSUES TO CONSIDER

No policy or program on drug abuse in the schools should be adopted without a full analysis of its legal ramifications. School districts should be able to develop an effective drug prevention and enforcement program that also protects the individual rights of students and employees accused of violating school policies.

Some of the issues that should be considered include:

Unreasonable searches and seizures under the Fourth Amendment to the U.S. Constitution

—Searches of the person

Generally, a school district may not search a student's person (pockets, purse, etc.) unless there is a reasonable individualized suspicion that the search will turn up evidence that the person searched has violated a law or a school rule. And, the search must not be excessively intrusive in light of the age and sex of the student and the nature of the infraction. So-called "drugnet searches" of everyone in the class are probably not "reasonable" because they are not based on "individualized" suspicion. Similarly, a strip search of a young student, even where there is "reasonable suspicion" that the individual committed an offense, is excessively intrusive.

—Searches of property

Restrictions on property searches are not as great as restrictions on searches of the person. However, the "reasonable suspicion" standard still applies. For example, students' cars, even when parked on school property, should not be searched unless suspicious material is in plain view in the car or there is some other reasonable cause to believe that a search will turn up contraband. However, schools may adopt rules that will reduce the expectation of privacy in certain property. For example, schools may provide that lockers used by students remain the property of the school and are subject to unannounced searches.

—Drug testing

All courts that have ruled on this subject have found urine testing for the presence of drugs to be a "search" under the Fourth Amendment. At least one court has permitted testing of bus drivers as a part of the periodic medical examination. Because of the absence of "individualized suspicion," any other type of mass drug testing of employees or students raises serious constitutional issues.

—Use of drug-sniffing dogs

Schools typically use drug-sniffing dogs in situations where there is heavy use of drugs on school property, but school officials do not have cause to suspect any particular individual. Courts are divided as to whether the use of a dog is a "search" under the Fourth Amendment. Courts that hold that use of dogs is a "search" require "reasonable suspicion" that the person or property searched will give rise to contraband before the dog may be used. Other courts allow the use of dogs without "reasonable suspicion." However, before searching a student based on a dog "alert," school officials should be reasonably sure that the dog is reliable in detecting drugs.

Involvement of police

Courts seem to be treating school security officers as school officials rather than as police officers, even though in some states they are authorized to make arrests. However, police are subject to different rules than schools are. Police cannot search students except upon "probable cause." Schools should not interfere with the police, but should always be aware that the school's relationship to students is different than that of the police.

In any police undercover operation in the schools, the school attorney always should be involved. (See discussion of police undercover operations in APPENDIX). Where possible, police should be requested to question students off school premises. Parents should immediately be contacted whenever students are questioned or arrested by the police on school premises.

Due Process of Law—Students

Education is a property right guaranteed by the constitution of each state in the union. That right cannot be taken away without "due process of law." A suspension for a short time—10 days—might not be considered to be a deprivation of the right to an education. However, any punishment in excess of that should not be imposed without first meeting certain requirements:

—Detailed notice should be provided in advance to all students as to the offenses—what drugs are prohibited, what conduct is prohibited, and on what premises the conduct is prohibited. Rules should not

cover conduct committed off school grounds, unless the offense is committed at a school-related activity or in some way affects school activities. Two examples: taking drugs at a school-sponsored athletic event, and drinking alcohol off school premises but evidencing drunken and disorderly behavior at school. Both of these examples should be included in the policy if they are intended to be covered by school rules:

- Prior notice to all students of the punishment for each offense; and

- Reasonable opportunity to present evidence in defense of the charge before punishment is imposed.

Due Process of Law—Employees

Drug policies should also include provisions on abuse of drugs by employees. These policies must include the

same protections as those for students, i.e., notice of offense, notice of punishment and right to present evidence before employment is terminated or suspended (except where there is immediate danger to students or other employees). School districts may discipline employees for out-of-school conduct only if that conduct in some way affects the employee's effectiveness in his or her job.* ■

* The NSBA Council of School Attorneys has published a monograph, *Fighting Drugs in the Schools*, that analyzes in detail all of the legal issues mentioned above and includes sample school board policies. It can be ordered from the National School Boards Association, 2600 Duke Street, Alexandria, Va. 22304.

CONCLUSION

"We must speak out against drug abuse and teen-age pregnancy and tell our younger siblings that we need their strong minds and their strong bodies for our future struggles as strong citizens. There is a better way. We must tell them that self-esteem and self-respect will pave the way to greater human dignity."

Dwaine Branch
1987 Student Commencement Speech
Ballou High School
Washington, D.C.

Drug and alcohol abuse is epidemic in society today, particularly among young people. Although efforts to combat the problem may have begun more than a decade ago, drug and alcohol abuse among students is clearly increasing in many schools.

Social tolerance of substance abuse is widespread, enabling users to continue. Denial of the problem is also common—among users, their friends and family, and in some places entire communities.

School leaders can and should confront substance abuse in their schools—because it is fundamentally an education issue.

Substance abuse affects the ability of the user to learn, sometimes permanently impairing learning ability.

In addition, the presence of substance abusers in schools can severely inhibit the amount of education other students receive.

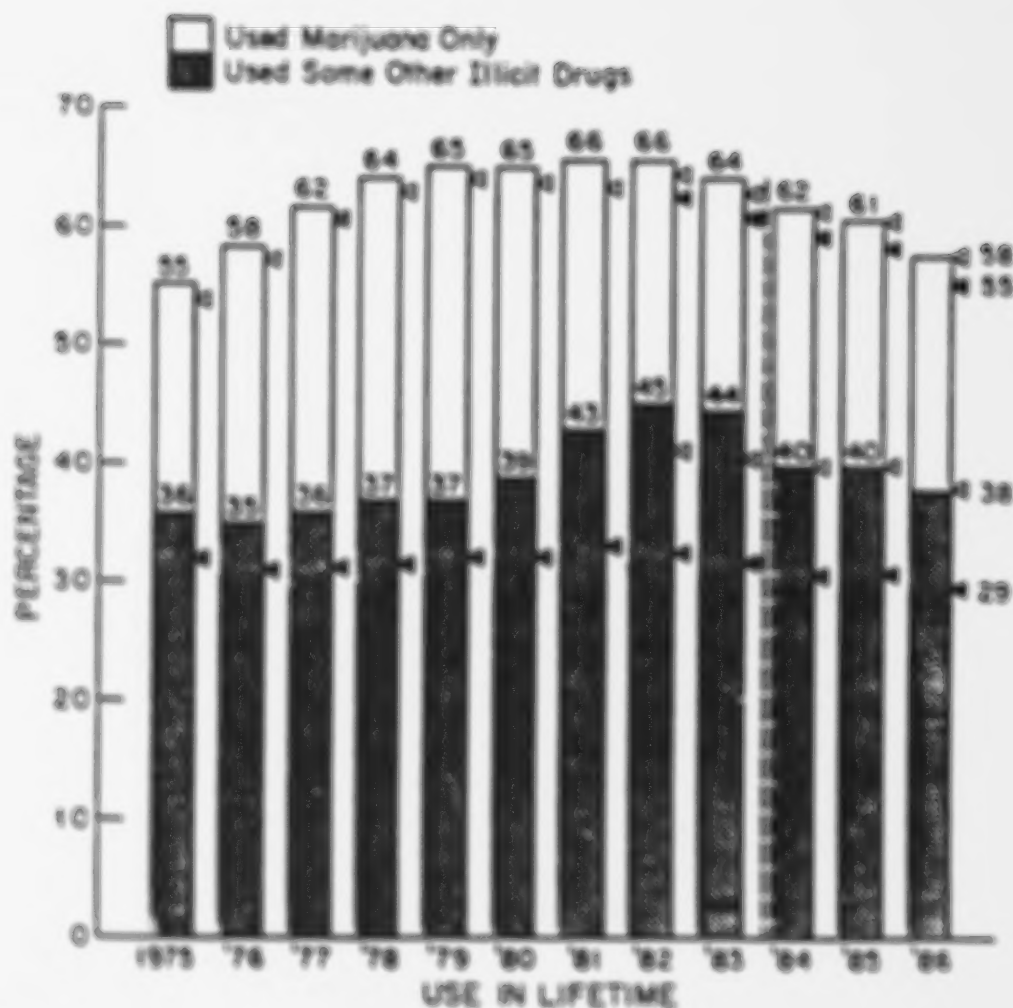
Finally, substance abuse leads students into other forms of behavior that also interfere with learning.

"People don't see the connection between drug abuse and all the other problems they want us to address—suicide, and latchkey children, and sexual abuse, and raising test scores," said one educator. "But everything I just mentioned is related to drug abuse. It's a matter of convincing people that drug abuse is related to these other things."

Now that public attention is once again focused on the issue, school leaders have a real obligation to take up the cause of convincing the public that substance abuse has broad and devastating effects, and must be dealt with. Starting with an examination of substance abuse in their own schools, school leaders can be catalysts for a community campaign to make students, staff, schools, and communities drug and alcohol-free. ■

APPENDIX 1

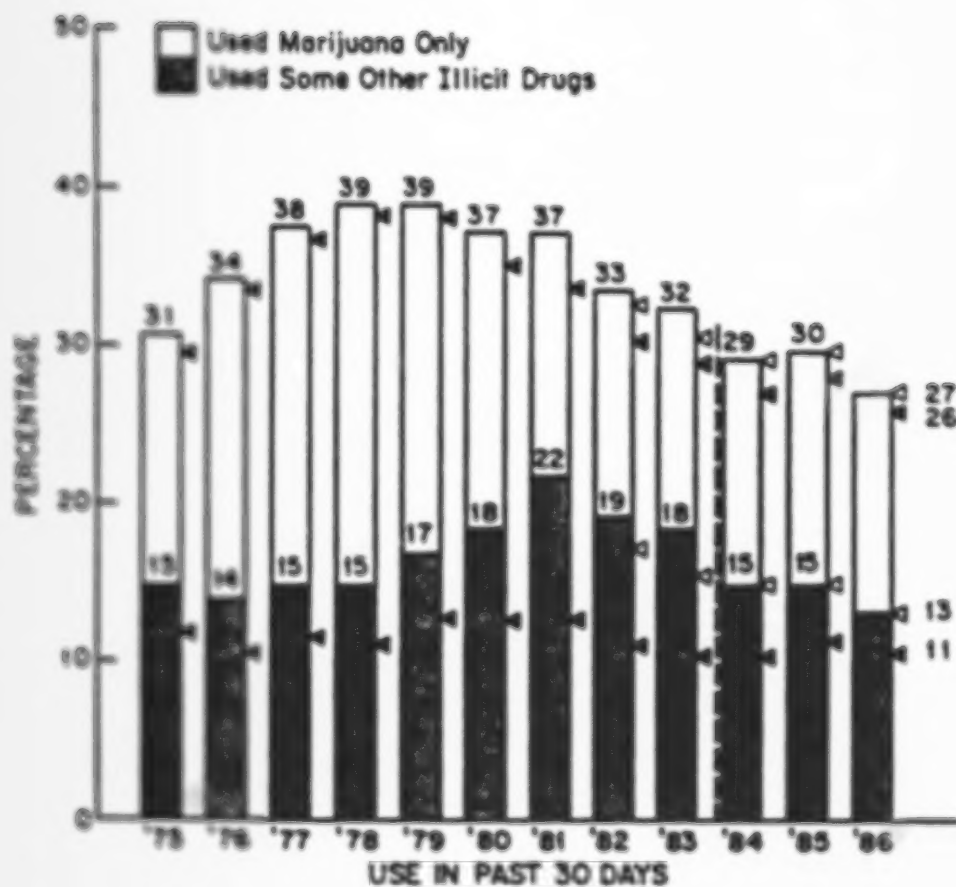
Trends in Lifetime Prevalence
of an Illicit Drug Use Index—All Seniors



(Source: "Drugs and American High School Students in 1986," University of Michigan Institute for Social Research Study for National Institute of Drug Abuse, 1987)

APPENDIX 2

Trends in Thirty-Day Prevalence of an Illicit Drug Use Index—All Seniors



(Source: "Drugs and American High School Students in 1986," University of Michigan Institute for Social Research Study for National Institute of Drug Abuse, 1987.)

APPENDIX 3

Glossary of Terms

Addiction—According to one medical authority, "a behavioral pattern of drug use, characterized by overwhelming involvement with the (compulsive) use of a drug, the securing of its supply and a high tendency to relapse after withdrawal." Dr. Ian MacDonald notes that the term "addiction" has been used so widely, and in so many contexts, that it has lost its original medical meaning. He prefers the terms "chemical dependency" and "physical dependency," as defined below.

Caring Confrontation—A meeting at which a drug user is gently faced—by family, friends, or school personnel—with evidence of his or her drug use, for the purpose of offering help.

Chemical Dependency—According to Dr. MacDonald, "the need to use chemicals to deal with uncomfortable life situations and to dull or repress uncomfortable feelings."

Denial—Unwillingness or inability to admit to substance abuse. Denial can be practiced by a drug user, by members of his or her family, and by others close to the user. If a community is experiencing a drug abuse problem, the entire community can practice denial. The fable of "The Emperor's New Clothes" is apt here.

Designer Drugs—Also called "counterfeit drugs." Slight chemical variations of existing illegal or prescription drugs that can be much stronger and more harmful than the original. Because the chemical composition of designer drugs frequently changes, they are virtually impossible for law enforcement authorities to ban. Some designer drugs can have frightening—and permanent—effects upon the user. Doctors have difficulty treating persons who have used designer drugs because they often do not know the drug's chemical composition.

Drug—Any chemical substance, taken into the body, that alters the way the mind or body functions. In the context of this report, alcohol is defined as a drug, and "drug use" generally means use of drugs and alcohol.

Drug Abuse—In this report, the use of alcohol by minors, any use of illicit drugs, the use of prescription drugs in ways not specified by the

prescription, and the use of over-the-counter medications or other products in any other than manufacturer-recommended ways.

Drug Paraphernalia—The equipment of the drug user. This can include rolling papers, pipes, clips for smoking marijuana cigarettes, and syringes and hypodermic needles.

Enable—With respect to drug use, to allow a person—usually a loved one—to continue a destructive behavior pattern of drug use, out of a mistaken belief that one is helping that person. In this way, one unintentionally contributes to drug abuse. Enabling behavior can include covering up or lying for the user. When school officials ignore symptoms of drug use in students or employees, they become enablers.

Euphoria—With respect to drug use, the pleasurable feeling of being "high" associated with the early stages of drug use.

Illicit Drugs—Drugs whose use, sale or possession is prohibited by law. Some examples of illicit drugs are cocaine, heroin, and LSD. Prescription drugs used in non-prescription ways also are illicit drugs.

Intervention—The act of coming between a drug user and his or her habit of drug abuse; a confrontation. Interventions can be done by family members, with the help of trained counselors, or by trained school personnel.

'Licit' Drugs—Drugs that can be legally purchased and consumed. In this report, 'licit' drugs include alcohol and cigarettes. Prescription drugs, used as directed by the person for whom they are prescribed, also are 'licit' drugs, as are over-the-counter medications, when used as directed.

Mood Swing—In the context of drug use, the movement from "normal," i.e., non-drug-induced feelings, to the altered feelings one experiences after taking drugs. Drug-induced mood swings can range from the "highs" of euphoria to the "lows" of mental or physical pain.

Non-Prescription Drugs—Over-the-counter medications. These can become substances of abuse if they are used in ways not recommended by the manufacturer.

Peer Counseling—In schools, counseling of students by other students who have received some training. Peer counseling can be useful for those students who may be reluctant to approach an adult about a drug problem. But, because peer counselors are students, their efforts must be supervised by a trained adult.

Peer Pressure—The influence exerted upon a person by his or her friends, or by persons he or she would like to have as friends. In children and young people eager for acceptance, peer pressure can have an extremely strong—and not always healthy—effect upon behavior.

Physical Dependency—According to Dr. MacDonald, the presence of symptoms when a drug is withdrawn. Physical dependency need not lead to chemical dependency—that is, compulsive use.

Prescription Drugs—Substances intended for medicinal or therapeutic purposes that can be obtained legally only through a doctor's written request. Prescription drugs can become substances of abuse if they are used in ways other than that specified by the prescription, or used by persons for whom they were not prescribed.

Psychological Dependency—According to Dr. MacDonald, a synonym for chemical dependency.

Recovering—In the context of drug use, a description of a chemically dependent person who has stopped drug use and has been through a rehabilitation program. Because chemical dependency is a lifelong, chronic condition, former users say they are "recovering" rather than "recovered."

Red-Flag Behaviors—Actions that might signal drug and alcohol abuse. In a student, these can include a sudden deterioration in grades, school truancy, and repeated disciplinary actions in school.

Rehabilitation—With respect to drug use, the process of weaning a drug user from his dependency on drugs and providing him with the support he needs to live without drugs.

Risk Factors—Characteristics that can pre-dispose a person to substance abuse, even before he or she begins use. Risk factors affecting young people include parental alcoholism, learning disabilities and attention deficit disorders.

Substance Abuse—In this report, a synonym for drug abuse, when drug abuse means improper use of drugs or alcohol.

APPENDIX 4

Tips on Conducting Local Surveys of Student Drug and Alcohol Use

"With any sickness," notes Domingos Lobo, a narcotics training specialist with the District of Columbia's Alcohol and Drug Abuse Services Administration, "you find out what it is, then treat it."

To assess the type of substance abuse present in a school district, Mr. Lobo recommends that a person not directly connected with the school system perform the survey. When he visits a school to do drug abuse prevention programs, Mr. Lobo explains, he may survey the students himself—preferably, in his third meeting with them. By that time, students trust him; in addition, because he is not from the school system, they perceive him as "non-threatening."

Lloyd Johnston, the University of Michigan social scientist who conducts annual national surveys of high school seniors, agrees.

"I usually recommend to school systems that are interested . . . that they get some outside unit, whether it's a local college or university, or some drug abuse group in the area—something that would look relatively neutral—to actually carry out the administration and handle the data," he said.

Dr. Thomas Gleaton, who heads the national parents' group PRIDE, favors having students conduct surveys themselves, "because students usually will not rat on one another."

To be effective, these experts note, the survey must not ask the students to give their names, and ideally should require them only to make marks on a form, so that handwriting cannot be identified.

Secondly, the surveys must be quick and easy to administer, and simple for students to complete. Mr. Lobo favors a multiple-choice format that requires "no extensive reading ability." Dr. Gleaton points out that PRIDE has designed a one-page, front-and-back multiple choice questionnaire that can be given in 15 minutes.

Generally, student surveys ask the students if they use drugs and/or alcohol, when they use, and what types of substances they use, Mr. Lobo said. The PRIDE survey includes categories such as: age of first use of 11 types of substances; frequency of use of these substances within the last year; where and when use occurs; the effect of use (from "no high" to "stoned"); and how easy it is to obtain certain substances.

Confidentiality is an important issue for school districts where surveys are conducted. First of all, the anonymity of the students answering the survey must be preserved. In addition, the results of the survey must be protected.

Allowing the public access to the data before the school board is ready to release it—such as through a leak to the local news media—can seriously hamper officials' efforts to calmly develop a solid drug abuse prevention program in the district. As Dr. Johnston said, "You don't want this kind of data tossed into the wrong hands." The best school student drug use surveys, then, serve to educate the public about the extent of the problem without alarming them unduly.

Inaccurate results of drug abuse prevalence surveys can also slow efforts to develop drug abuse prevention programs. For this reason, school leaders should investigate the kinds of surveys planned for use in their district, to determine how successful they have been in other districts.

The accuracy of even the best surveys never is absolute, however, since students tend to underestimate their substance use, even if they are queried anonymously. But these surveys are likely to be more accurate if they are administered by outsiders, experts agree.

"I think that if the school actually carries out the survey itself, using teachers and administrators, it's likely that you would get more concealment," Dr. Johnston said.

But although the figures may be conservative, the best surveys do provide school leaders with a valuable picture of the level of substance abuse among their students—a picture they can then use to build community support for a drug and alcohol abuse prevention program.

APPENDIX 5



DRUG USAGE PREVALENCE QUESTIONNAIRE

AUTHORS: T. Gleaton
R. Adams

Copyright Material.
May not be used without
permission from PRIDE.

I. PERSONAL AND FAMILY INFORMATION

1. Ethnic origin: ☐ White ☐ Black ☐ Hispanic ☐ Oriental ☐ Other	3. Age:	4. Graduated from high school?	5. Do your parents live together?	6. Do you have a job?	7. Does your mother have a job?	8. What is the educational level of your father?	9. What is the educational level of your mother?
	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	6 6 7 7 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16	☐ Yes, full-time ☐ Yes, part-time ☐ No	☐ Yes, full-time ☐ Yes, part-time ☐ No	☐ less than high school ☐ high school graduate ☐ some college ☐ college graduate	☐ less than high school ☐ high school graduate ☐ some college ☐ college graduate	☐ less than high school ☐ high school graduate ☐ some college ☐ college graduate

II. STUDENT CHARACTERISTICS

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. Do you make good grades?	☐	☐	☐	☐	☐
2. Do you get into trouble at school?	☐	☐	☐	☐	☐
3. Do you play on a sports team(s)?	☐	☐	☐	☐	☐
4. Do you attend church or synagogue?	☐	☐	☐	☐	☐
5. Do you drive a car?	☐	☐	☐	☐	☐
6. Do you ride in a car with friends?	☐	☐	☐	☐	☐
7. Do you date?	☐	☐	☐	☐	☐
8. Do you bring friends home?	☐	☐	☐	☐	☐
9. Do you talk to your parents about your problems?	☐	☐	☐	☐	☐
10. Do you talk to your friends about your problems?	☐	☐	☐	☐	☐
11. Do you watch rock videos?	☐	☐	☐	☐	☐
12. Do you like the way you look?	☐	☐	☐	☐	☐
13. Are your parents strict with you?	☐	☐	☐	☐	☐
14. Do you feel lonely?	☐	☐	☐	☐	☐

III. WHEN DID YOU FIRST

	NEVER USED	UNDER 10	10-11	12-13	14-15	16-17	18-19	OVER 20
1. Smoke cigarettes?	☐	☐	☐	☐	☐	☐	☐	☐
2. Drink beer?	☐	☐	☐	☐	☐	☐	☐	☐
3. Drink wine?	☐	☐	☐	☐	☐	☐	☐	☐
4. Drink liquor?	☐	☐	☐	☐	☐	☐	☐	☐
5. Smoke marijuana?	☐	☐	☐	☐	☐	☐	☐	☐
6. Use cocaine?	☐	☐	☐	☐	☐	☐	☐	☐
7. Use uppers?	☐	☐	☐	☐	☐	☐	☐	☐
8. Use downers?	☐	☐	☐	☐	☐	☐	☐	☐
9. Use inhalants (glue, etc.)?	☐	☐	☐	☐	☐	☐	☐	☐
10. Use hallucinogens (PCP, LSD, etc.)?	☐	☐	☐	☐	☐	☐	☐	☐
11. Use other drugs?	☐	☐	☐	☐	☐	☐	☐	☐

IV. WITHIN THE LAST YEAR HOW OFTEN HAVE YOU

	DID NOT USE	ONCE/YEAR	2-3 TIMES/YR	ONCE/MO.	TWICE/MO.	ONCE/WEEK	2-3 TIMES/WK	EVERY DAY
1. Smoked cigarettes?	☐	☐	☐	☐	☐	☐	☐	☐
2. Drunk beer?	☐	☐	☐	☐	☐	☐	☐	☐
3. Drunk wine?	☐	☐	☐	☐	☐	☐	☐	☐
4. Drunk liquor?	☐	☐	☐	☐	☐	☐	☐	☐
5. Smoked marijuana?	☐	☐	☐	☐	☐	☐	☐	☐
6. Used cocaine?	☐	☐	☐	☐	☐	☐	☐	☐
7. Used uppers?	☐	☐	☐	☐	☐	☐	☐	☐
8. Used downers?	☐	☐	☐	☐	☐	☐	☐	☐
9. Used inhalants (glue, etc.)?	☐	☐	☐	☐	☐	☐	☐	☐
10. Used hallucinogens (PCP, LSD, etc.)?	☐	☐	☐	☐	☐	☐	☐	☐
11. Used other drugs?	☐	☐	☐	☐	☐	☐	☐	☐

V. WHAT EFFECT DO YOU MOST OFTEN GET WHEN YOU

1. Drink beer?
2. Drink wine?
3. Drink liquor?
4. Smoke marijuana?
5. Use cocaine?
6. Use uppers?
7. Use downers?
8. Use inhalants (glue, etc.)?
9. Use hallucinogens (PCP, LSD, etc.)?
10. Use other drugs?

DO NOT USE	NO HIGH	A LITTLE HIGH	VERY HIGH	SOMED/TOWNED
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

VIII. HOW MANY OF YOUR FRIENDS

1. Drink beer?
2. Drink wine?
3. Drink liquor?
4. Smoke marijuana?
5. Use cocaine?
6. Use uppers?
7. Use downers?
8. Use inhalants (glue, etc.)?
9. Use hallucinogens (PCP, LSD, etc.)?
10. Use other drugs?

NONE	A FEW	SEVERAL	MOST
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

VI. WHERE DO YOU (You may mark more than 1 response for each question)

1. Smoke cigarettes?
2. Drink beer?
3. Drink wine?
4. Drink liquor?
5. Smoke marijuana?
6. Use cocaine?
7. Use uppers?
8. Use downers?
9. Use inhalants (glue, etc.)?
10. Use hallucinogens (PCP, LSD, etc.)?
11. Use other drugs?

DO NOT USE	AT HOME	AT SCHOOL	IN A CAR	PEER'S HOME	OTHER
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

IX. DO YOU FEEL THE FOLLOWING DRUGS ARE HARMFUL TO YOUR HEALTH?

1. Cigarettes
2. Beer
3. Wine
4. Liquor
5. Marijuana
6. Cocaine
7. Uppers
8. Downers
9. Inhalants (glue, etc.)
10. Hallucinogens (PCP, LSD, etc.)

NO	SOMETIMES	VERY MUCH	DON'T KNOW
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

VII. WHEN DO YOU (You may mark more than 1 response for each question)

1. Smoke cigarettes?
2. Drink beer?
3. Drink wine?
4. Drink liquor?
5. Smoke marijuana?
6. Use cocaine?
7. Use uppers?
8. Use downers?
9. Use inhalants (glue, etc.)?
10. Use hallucinogens (PCP, LSD, etc.)?
11. Use other drugs?

DO NOT USE	BEFORE SCHOOL	DURING SCHOOL	AFTER SCHOOL	WEEKDAYS	WEEKENDS
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

X. HOW EASY IS IT TO GET

1. Beer?
2. Wine?
3. Liquor?
4. Marijuana?
5. Cocaine?
6. Uppers?
7. Downers?
8. Inhalants (glue, etc.)?
9. Hallucinogens (PCP, LSD, etc.)?
10. Other drugs?

CANNOT GET	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY	DON'T KNOW
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

APPENDIX 6

Preventing Substance Abuse by Education: An Overview of the Fairfax County, Va. Curriculum

The goal of Fairfax County's substance abuse prevention curriculum is to delay the experience and use of any addictive substance by: improving the student's self-concept, improving decision-making skills and problem-solving abilities, and presenting students with accurate information about drugs and drug abuse.

The curriculum is part of a broad-reaching substance abuse prevention program that includes both intervention and prevention components.

"The objective is not only to help kids who have made poor choices, but to help kids make better choices," said Marie Sterne, the district's program specialist for health and physical education. Fairfax County, the nation's tenth largest school district, has 127,000 students in 175 school buildings.

Beginning in 1983-84 with grades K-6, the district introduced a comprehensive health curriculum—a large part of which is devoted to substance abuse prevention. In grades K-6 the curriculum is integrated into other subjects; in grades 7-9 the curriculum is taught separately by health and physical education teachers.

The K-6 Curriculum

Entitled "Ready, Set, Go for Good Health," the K-6 health curriculum has four instructional units: Substance Abuse Prevention, Nutrition, Personal Health and Safety, and Mental Health. This discussion concentrates only on the substance abuse unit. Several mental health objectives—including self-concept enhancement, problem-solving, decision-making, and self-understanding—are part of the substance abuse unit. At each grade level, the substance abuse curriculum becomes increasingly complex in its presentation of the facts about "dangerous substances" such as drugs and alcohol. The curriculum also provides information designed to help students build self-esteem, understand their feelings, and learn how to make the right decisions—decisions that include saying no to drugs.

In grade one, for example, the curriculum is divided into lessons about feelings and about dangerous substances. Lessons about feelings include communicating feelings, moods, and understanding wants versus needs. Lessons about dangerous substances include identifying poisons, storing household substances, medicine safety and rules for medicine use.

Activities include having students make stick puppets that depict different facial expressions, and using them in a story to explain the characters' moods. Students

can also discuss what various household products are made of and where they should be stored at home.

Some objectives for the first grade curriculum are:

- recognizing that feelings are natural and that everyone has them;
- discussing the difference between needs and wants;
- practicing decision-making skills;
- recognizing where medicines and unsafe household products should be stored; and
- understanding the safety rules to follow when taking medicine.

By the third grade, substance abuse lesson categories are: feelings, friends, and substance abuse. Lessons having to do with feelings include identifying feelings in situations, coping with emotions, and mood changes in the classroom. Under friendship, lessons include the need for friends and choosing friends, peer group problem-solving, and "adults as friends to help." Substance abuse lessons include medicine safety and emergencies, precautions when using medicine, and alcohol and its effects.

Third grade class activities include drawing a classroom "thermometer" and having students write down things that make them feel bad or good at the degree markers, to judge the class "atmosphere." Lesson on excess include filling containers of various sizes to graphically show students how much is "too much."

Some of the objectives of the third grade lessons are:

- describing feelings and telling how they affect behavior;
- recognizing that alcohol is a drug, consumed for a variety of reasons, that changes how the body works; and
- describing the "probable consequences of excess in a variety of situations."

By the sixth grade, the substance abuse prevention curriculum has expanded to include five types of lessons. They are: self-image, feelings, decision-making, human needs, and drug information. Sixth grade activities include presenting situations and discussing the decisions people make in them, and teaching students the definitions of basic drug terms such as "drug abuse," "tolerance," and "alcohol."

Objectives of the sixth grade curriculum include:

- recognizing how self-respect and respect for others can help in making friends;
- applying decision-making skills to make responsible decisions about personal use or non-use of substances;
- distinguishing between prescription and non-prescription drugs;
- understanding how people become physiologically and psychologically dependent upon substances and physically addicted;

- identifying those characteristics in a person that may lead to drug use; and
- developing strategies for overcoming those characteristics in order to prevent use of drugs.

Intermediate Health Education

In grades 7 and 8, Fairfax County's substance abuse curriculum provides a detailed examination of issues associated with alcohol and tobacco (grade 7) and other drugs (grade 8). The substance abuse curriculum of the two grades is designed to follow the "Ready, Set, Go" elementary school curriculum, and to prepare students for high school health education classes.

The seventh grade alcohol curriculum begins by reviewing the history of alcohol and the sociology of drinking, then considers the effect of alcohol in the body, and next looks at the effects of alcohol abuse on the drinker and others. The unit concludes with lessons on alcoholism and on alternatives to alcohol abuse.

Activities include reviewing myths about drinking and studying what areas of the brain are affected by alcohol consumption. Objectives of the alcohol curriculum include having students:

- show knowledge of programs and facilities that help individuals with alcohol-dependency and related problems;
- examine the legal implications involved with alcohol use;
- examine personal views concerning alcohol use; and
- investigate the role of peer pressure in teenage alcohol use.

The seventh grade tobacco unit considers tobacco in today's society (including a historical overview, current economic and health trends, and state and local regulations), as well as the effect of tobacco on the body, the "sociology of smoking," and alternatives to smoking. Activities include discussing the effects of secondhand smoke and the rights of non-smokers, and studying the subtle, persuasive techniques of advertising.

Objectives are similar to those of the alcohol unit; the curriculum guide notes that "current research indicates that tobacco education should continue to emphasize the health risks associated with tobacco use as well as teach students appropriate decision-making skills."

The eighth grade curriculum unit begins with a study of legal and scientific classifications of drugs. Patterns of drug taking—use, misuse, abuse and dependency—are considered next, followed by motivational factors related to drug use and abuse. These include peers, home and family, role models, and availability. The unit then considers seven types of drugs of abuse, and reviews emergency care procedures for drug overdoses.

Legal consequences of drug use—federal, state, local and school—are considered next, followed by a look at sources of help such as crisis centers, school and community programs, and rehabilitation centers. The

eighth grade unit concludes with a consideration of "decision-making and alternatives to drug use and abuse."

Eighth grade classroom activities include inviting a local police officer to speak about the effects of drugs on physical behavior and judgment, and playing a decision-making simulation game whose scenario and student roles are outlined in the curriculum. Some objectives for eighth grade students are:

- describing the psychological and physiological effects of social and medicinal drugs on the body;
- demonstrating a knowledge of programs and facilities designed to help individuals with drug-related problems; and
- examining personal views concerning the use of 'licit' and illicit drugs.

Grade Nine

The ninth grade health curriculum, called "Setting the Pace: Wellness and Lifestyle," includes units on substance abuse prevention, lifetime survival skills, health and lifestyle, and personal and community health. Virginia state health education requirements extend only to the ninth grade, making this the last formal substance abuse prevention education many students receive.

The ninth grade curriculum begins by considering those factors associated with "adolescent stress and conflict," as well as healthy ways to cope with adolescent stress. Next, students review information on alcohol, tobacco and other drugs, including pertinent legal information. Lessons on chemical dependency follow, such as signs of chemical dependency and the four-stage model of the chemically dependent person.

The unit then considers the effects of chemical dependency on one's family, peers, and community, and the responsibility of the community toward the chemically dependent person. The curriculum concludes by reviewing educational and rehabilitation programs, including hot lines, treatment centers, and school resources.

Classroom activities include a discussion of fetal alcohol syndrome (the changes that can occur in a fetus when a pregnant woman drinks heavily) and a review of situations in which people enable others to use drugs.

"Presenting facts and using 'scare' tactics have been proven as ineffective ways of preventing chemical dependency," says the ninth grade's curriculum guide. "Helping students to formulate an understanding of adolescent stress and conflict while providing them with appropriate decision-making skills and positive alternatives to substance abuse is a more logical approach."

Effect of the Curriculum

Determining the effect of a substance abuse curriculum is never easy. Ms. Sterne notes that the response among both teachers and students has been "very positive" throughout the district. In addition, she

says, the number of district suspensions is "way down" as compared with five years ago—the year before the elementary curriculum was introduced.

Dennis Nelson, who coordinates the district's substance abuse prevention program, notes also that there has been a "considerable cutback in substance

abuse in the last few years" in district schools. Mr. Nelson suggests that all the elements of the district's substance abuse prevention program—including intervention, peer counseling, parental support, and the curriculum—are working together to help Fairfax County gain the upper hand over school substance abuse.

APPENDIX 7

One School District's Response to Student Drug Use North Allegheny Pa. School District

A 1982 substance abuse survey of high school seniors in their county prompted North Allegheny Pa. School District officials to review their substance abuse policies. In less than four years, school leaders: revised policies, created a substance abuse prevention curriculum, developed a student assistance identification and intervention program, and sent teachers and administrators to a substance abuse prevention training program run by a nearby hospital.

The 1982 survey, conducted by the University of Pittsburgh's School of Public Health, was not specific to the North Allegheny district, according to Charles P. Erdeljac, who was principal of the North Allegheny Intermediate School from 1981 to 1987. In reviewing the survey results, however, district leaders determined that, if teenage substance abuse was prevalent throughout the county, their district must share the problem.

"Our drug problem is no worse and no better than that of any other community in Western Pennsylvania," Dr. Erdeljac said.

In November 1983, school board members asked district superintendent Lawrence E. Bozzomo to address the problem. He began by forming a substance abuse committee to review the district's substance abuse policies and suggest ways to strengthen them. Committee members included the juvenile officer from the local police department, a local minister, members of the local Chemical People Institute task force, four students, the district's director of pupil services, school counselors, and principals.

The presence of community representatives was important, because one of the committee's goals was to educate the North Allegheny community about the level of student substance abuse. In this regard, the Chemical People Institute task force provided much-needed assistance.

"We followed the lead of the Chemical People task force in defining the problem as a community problem," Dr. Erdeljac said. Nonetheless, he added, there was "a lot of denial of the problem," which the task force "worked to break through."

With respect to policy, the committee made the district's existing substance abuse regulations more stringent by specifically defining each type of offense and the appropriate disciplinary action, such as in-school or out-of-school suspension, or expulsion. They also defined what action officials should take in drug-related medical emergencies. "What we really developed were administrative procedures for responding to substance abuse incidents" of all kinds, Dr. Erdeljac said.

The revised policy was included in the student Code of Conduct, a manual for students, in July 1984.

Student understanding of the new regulations was crucial: to ensure that, teachers in Dr. Erdeljac's building held a citizenship day where classes talked generally about the value of law and then went over the code of conduct, with its new substance abuse policies.

The substance abuse committee also developed a student assistance program for identifying and intervening with students who have substance abuse problems. An essential part of this program is "core team" training of interested staff, in a 55-hour program run by St. Francis Hospital in Pittsburgh. The course teaches school staff how to recognize behavior that may indicate student substance use, and how to properly communicate that recognition to the other members of the school's student assistance team.

Of the 75 teachers in Dr. Erdeljac's building, 30 have received this training since it was first made available in 1984. His goal is "100 percent," he said, adding, "The teachers definitely perceive student assistance programs as helpful to their role in the classroom."

As at other schools with similar programs, student assistance programs in the North Allegheny School District are structured around one person: the student assistance coordinator. Those teachers who have received training and thus are members of the school's "core team" report their observations about students to the student assistance coordinator, who keeps track of all the "pieces of the puzzle." In district high schools, the student assistance coordinator is usually a counselor; in the intermediate schools, he or she may be an administrator.

When a picture of the student's behavior emerges, the student assistance coordinator (or a principal or administrator) begins the intervention process by speaking with the student and, if necessary, his or her parents, to try to "break through the denial to the acceptance that there is a possible problem there," Dr. Erdeljac said.

Dr. Erdeljac stressed that school officials never diagnose a student they suspect of having a substance abuse problem; instead, by explaining to the student and his or her parents the behavior they have observed, "We try as hard as we can to recommend people to health professionals for a diagnosis." For example, school officials may make professional evaluation a condition for re-admission for a student who has been expelled for substance abuse.

Although North Allegheny officials accept the theory that substance abuse is a "disease," Dr. Erdeljac noted, "we still believe that at the center of this is the concept of self-esteem." As a result, school officials designed the

district's substance abuse prevention curriculum around that theme. "The curriculum seeks to develop self-esteem and give students skills to prevent them from falling victim to substance abuse," he said.

The curriculum, which began as a pilot program in 1985-86 and now is in place throughout the district, was developed by district officials after a review of the curricula of several other districts. In the secondary grades, it is taught in health classes; in the elementary grades, teachers "weave in" elements as part of other subjects.

Dr. Erdeljac, whose district began its substance abuse prevention program at the urging of its school board, had several recommendations for school board members in other districts who wish to develop their own substance abuse prevention programs.

First, he said, passing a substance abuse policy, while important, is not "the entire solution" but only a "first step" in addressing student substance abuse.

"School directors need to be aware that policies need to be supported with personnel and with budget support," Dr. Erdeljac said.

In addition, he suggested, board members should understand that school staff and administrators "are concerned about [student substance abuse] because it is thwarting our mission, which is to educate." Seen in this context, involvement in substance abuse prevention may thus become acceptable to those school board members who argue that substance abuse prevention, because it does not deal directly with education, is not the business of school leaders and school officials.

To interest school board members in the school's substance prevention program, Dr. Erdeljac suggested that two or three board members participate in whatever core team training school staff receive. In addition, he said, those people leading the student

assistance program should have opportunities to speak to the board about their activities.

Finally, he said, "It is essential that the superintendent or the director of student services, or some central office person be very knowledgeable" about substance abuse, and that he or she continue to make substance abuse prevention a schoolwide goal.

For substance abuse prevention programs to work in a district, Dr. Erdeljac said, there must be strong support for them, both from the school board and from school administrators and principals. He cautioned, however, that the administration and staff of any school developing a substance abuse prevention program must realize that "there needs to be a lot of training. It's not a situation where you can just begin."

But although the task is a difficult one, the rewards can be great. In 1985-86, 70 ninth and tenth grade students were referred by teachers to the student assistance team leaders. Of those 70, team leaders conducted interventions with 34 students, and 10 of those students went for professional evaluation and treatment. The following year, 92 ninth and tenth graders were referred; student assistance personnel intervened with 42 students; and 27 of those 42 students went for professional evaluation and treatment.

In addition, the district has received "excellent cooperation" from parents. "It was tough going the first year," Dr. Erdeljac admitted, "but once they saw us in operation, it made a difference." And, if the district's student assistance program, stricter policies and curriculum do what they're intended to do, the task of the next generation of administrators should be much easier. Because, in addition to teaching students about the dangers of substance abuse, Dr. Erdeljac said, "Ultimately, we feel we're educating the next generation of parents."

APPENDIX 8

Other Resources

Assistance From The U.S. Department of Education

Schools Without Drugs, a publication of the U.S. Department of Education, is an invaluable resource for school leaders confronting the issue of drug and alcohol use in their schools. The 76-page booklet, published in 1986, offers suggested actions for parents, schools, students, and communities in the fight against substance abuse. The booklet also offers an overview of why young people use drugs, what the effects of drug use are, and the most common types of drugs.

Schools Without Drugs also provides a comprehensive resource action, with toll-free information numbers, suggested readings, and names of school and community organizations nationwide.

Schools Without Drugs can be obtained by calling the Department of Education's toll-free telephone number, 1-800-428-6100. In the Washington, D.C., metropolitan area, call 455-8858. Written requests for copies should be sent to *Schools Without Drugs*, Pueblo, Colorado 81009.

Fighting Drug and Alcohol Abuse: Parent and Community Organizations

The following national organizations can provide local groups with assistance in developing local campaigns against drug and alcohol abuse:

- **Parents' Resource Institute for Drug Education, Inc. (PRIDE, Inc.)**, Suite 1002, Robert W. Woodruff Building, 100 Claywood Ave., N.E., Atlanta, Ga. 30303, 1-800-261-7366 or 404-526-2585

PRIDE offers assistance to parent groups, school employees, and youth groups. PRIDE conducts conferences, publishes a newsletter and a variety of other publications, and can help with conducting drug and alcohol use surveys in schools.

- **The National Federation of Parents for Drug-Free Youth (NDFY)**, Suite 200, 6730 Georgia Avenue, Silver Spring, Md. 20910, 1-800-358-5657 or, in the Washington, D.C. metropolitan area, 305-5657

NDFY's principal objective, the group says, is to "assist in the formation and support of local parent and youth groups in communities across America to eliminate drug and alcohol use among youth." NDFY holds training sessions and conferences, provides prepared materials to local groups, and works with the national news media.

- **The Chemical People Institute**, Duquesne University, Pittsburgh, Pa. 15262, 412-380-0900

The Chemical People Institute is an "alliance of parents, schools, churches, media, civic leaders and professionals united in their commitment to fight alcohol and drug abuse." With the help of the main institute in Pittsburgh, local Chemical People task forces throughout the country have taken on a number of projects, including seminars and workshops, community roadshows, hot lines for parents and young people, and reviews of school policies, curricula, and pending state legislation.

- **Families in Action**, Suite 300, 2685 North Grand Hills Road, Decatur, Ga. 30033, 404-325-5790

Families in Action, whose mission is "drug free youth through drug education," provides information about substance abuse and substance abuse prevention. Families in Action has developed a comprehensive drug information center; the group also publishes a newsletter with summaries of drug-related articles from a wide range of newspapers and medical journals nationwide.

- **American Council for Drug Education**, 2620 Richmond Drive, Rockville, Md. 20852, 301-968-5700

ACDE prepares and provides educational materials, organizes conferences and seminars, reviews scientific research, produces films, and develops media campaigns. A recent publication, *Building Drug Free Schools*, provides detailed information on school policy and curriculum development, as well as the role of the community in preventing drug abuse.

In addition to these groups, organizations such as Alcoholics Anonymous and Narcotics Anonymous offer self-help meetings in most areas throughout the country. Check local telephone listings or local social service agencies for the location of meetings in your community.

Toll-Free Hot Line Number

(Adapted from *Schools Without Drugs*)

1-800-402-8857

NDFY Hot Line, National Institute on Drug Abuse, U.S. Department of Health and Human Services

The NDFY hot line is a confidential information and referral line that provides callers with the names of cocaine abuse treatment centers in their local areas.

The hot line also makes available free materials on drug abuse.

1-800-COCAINE

COCAINE HELPLINE, a 24-hour information and referral service, located at the Fair Oaks Hospital in Summit, N.J. Phone counselors are recovering cocaine addicts. They offer support to callers and can refer users and their families to public and private treatment centers in their local areas.

APPENDIX 9

WARREN COUNTY, OHIO JOINT VOCATIONAL SCHOOL DISTRICT Enrollment: 858

SCHOOL POLICIES

Chemical Abuse (Narcotics, Drugs and Alcohol Beverages)

Board Policy:

The school years are among the most important in human development and the most vulnerable. Anything that can interfere with the development of an adolescent, therefore, must be evaluated as to its impact to both the young person and the community. Psychoactive and mood-altering drugs can destroy the health and well-being of an individual. The school community defines drug use as a serious health problem and is committed to discouraging this behavior and to encouraging young people to seek help should a problem arise.

The education of the Warren County Career Center, we recognize that the cause of chemical abuse (drugs and alcohol) has become a serious problem in our country. We accept our obligation to establish a positive environment in which these problems can be addressed locally in a helpful and supportive, rather than punitive, way. One of our goals is to prevent abuse. Accomplishing this goal, we realize, will entail training teachers, counselors and other staff members to educate the community about drug abuse. Other goals are to teach staff to identify chemical abuse problems and to know what resources are available to address these problems if they are observed. The administration of the Warren County Career Center recognizes that the problems of chemical abuse exceed the boundaries of the school. Therefore, we are prepared to cooperate with agencies and community groups that address these problems.

The following document outlines policy on student abuse of psychoactive or mood-altering chemicals in the Warren County Career Center. This policy is in effect on property owned, leased or maintained by the Warren County Joint Vocational School District, at all school sanctioned activities on and off campus, on vehicles used to transport students to and from school or at other activities and in vehicles parked on school property.

Student members of the school community are expected to be aware of and understand these policies and comply with them. Parents are expected to be aware of and understand these policies and cooperate with the administration of them.

A student shall not possess, use, transfer, control, sell, attempt to sell, deliver nor be under the influence* of narcotics, drugs or alcohol, mood-altering substances represented to be a drug or controlled substance, or use chemical substances which can affect psychological functioning or affect the educational system of the school. Students shall not engage in drug activities nor possess paraphernalia specific to the use of chemicals.

Students who use prescription drugs authorized by a licensed physician do not violate this policy if the students conform to the appropriate school policies.

Violations

The following procedures will be followed in dealing with possession, use, transmission or being under the influence of chemicals:

A. First offense

1. The supervisor or director will try to notify the parent(s)/guardian(s) by phone to explain the incident and arrange a conference.
2. The director will suspend the student for ten (10) days in compliance with student due process procedures.
3. Within thirty-six (36) hours, the director will notify the parent(s)/guardian(s) in writing of the suspension.

The Warren County Joint Vocational School District strongly recommends that students with chemical abuse problems seek professional evaluation and treatment from a trained chemical dependency counselor or a licensed physician trained in chemical dependency. Because we believe that chemical dependency is preceded by misuse, we feel confident that such early intervention can benefit the student before significant harm or dependency results.

The suspension of a student who agrees to be evaluated and treated will be commuted to three (3) days. The administration will provide a list of agencies/professionals who can do the assessment and provide treatment. The choice of agency/professional is left to the student and family. Free for the assessment and treatment are the responsibility of the student and family.

* "Under the influence" is defined as manifesting signs of chemical substances such as staggering, odor of chemicals on breath of person, reddened eyes, incoherence, inebriation, falling asleep, memory loss or inappropriate behavior.

Upon receipt of appropriate authorization, the agency or professional will notify the school director that the student is willing to be evaluated and comply with the treatment process.

B. Second and subsequent offenses

1. The director will contact the parent(s)/guardian(s) to arrange a conference.
2. The director will suspend the student for ten (10) days in compliance with student due process procedures.
3. Within thirty-six (36) hours, the director will notify the parent(s)/guardian(s) in writing of the suspension.
4. The director will recommend to the Superintendent of Schools that the student be expelled unless the following procedure is followed:
 - a. The student must agree to be evaluated and treated by a trained chemical dependency counselor or a licensed physician trained in chemical dependency.
 - b. Upon appropriate authorization, the agency or professional will inform the school director that the student has accepted treatment. If the student is accepting treatment, the recommendation for expulsion may be commuted.

C. Supplying/Sale of chemical (drugs/alcohol) or material represented to be a controlled substance

1. Within thirty-six (36) hours, the director will notify the parent(s)/guardian(s) in writing of the suspension.
2. Supplying or selling of chemicals will result in a ten (10) day suspension. The director will recommend to the Superintendent of Schools that the student be expelled in compliance with student due process procedures.
3. The director will refer the case to the police.
4. A hearing on the case conducted by the Superintendent of Schools will be held. Based upon the results of this hearing, the Superintendent may uphold or commute the suspension to the Board of Education.

D. Pupils who have overdosed from drugs/alcohol

The school nurse and a building administrator are immediately notified. If necessary, the life squad is called and emergency medical procedures are administered. The school nurse or building director will determine whether to contact the parent for further instructions, refer to the emergency authorization form or immediately seek additional medical treatment. Following the handling of the medical emergency, the Policy Statement for Chemical Abuse will be followed.

APPENDIX 10

GROSSMONT UNION HIGH SCHOOL DISTRICT LA MESA, CA. Enrollment: 19,860

STUDENT DRUG USE

This regulation provides guidelines for the assessment, referral, administrative review, suspension/expulsion, and readmission to the regular high school of students who have unlawfully possessed, used, sold, or otherwise furnished, or been under the influence of any controlled substance, as defined in the Health and Safety Code, Section 11007.

Definition of Terms

1. Assessment and Referral Committee (Local School):

A committee composed of the vice principal (as chairperson), school psychologist, local school nurse, student's counselor, and others as deemed necessary by the chairperson. The committee meets with parents and student to assess the nature and extent of the involvement by the student in the drug offense, and to outline available alternatives for the student; prepares and submits to the Administrative Review Committee, a case study and specific recommendations regarding the student.

2. Administrative Review Committee: A committee composed of the superintendent, or designated representative, director of continuation education (as chairperson), and a principal of a local high school other than that of the student being reviewed. This committee will serve as an informational committee to answer questions parents and the student might have as to the expulsion process, and as to the sufficiency of evidence to warrant an expulsion hearing before the board.

3. Readmission Committee (District): A committee composed of the director of pupil personnel services (as chairperson) and the local school vice principal. The committee determines the degree to which attitudes and behaviors have improved, the extent to which contract commitments have been met, the desire for re-entry into school, and the prognosis for success. The committee shall consider the recommendations of the Assessment and Referral Committee, and any additional data presented by the Administrative Review Committee. The committee shall formulate a prepared report to the Board requesting the lifting of existing status when the

student has been determined to be ready for readmission to the school.

4. Probation: An interim period of time imposed by the Assessment and Referral Committee or the Board. During this time the student may be required to (a) accomplish specific requirements, (b) maintain a record free from any further involvement with narcotics or dangerous drugs, (c) function within certain limitations specific to school activities and those imposed by the Assessment and Referral Committee or the Board. The student is allowed to continue school during the probationary period.

5. Suspension: Suspension means exclusion of a pupil from regular classroom instruction for adjustment purposes.

6. Expulsion: An expulsion shall be defined as suspension from regular classroom instruction for a period exceeding five school days or involuntary transfer to a continuation school, for any of the acts enumerated in the Education Code, Section 48900.

7. Drug Offense: High school students who have unlawfully possessed, used, sold, or otherwise furnished, or been under the influence of any controlled substance, as defined in the Health and Safety Code, Section 11007.

Procedures

1. Evidence and documentation of an alleged student drug offense must be established.

2. Drug offenses will be reported to the police or sheriff's department by the local school.

3. Any student involved in a drug offense, including those reported by police authorities, shall be immediately suspended, pending a school/student/parent conference. Confirmation of the date and time for the conference shall be communicated to the parent by letter.

4. Students apprehended by either school or police authorities for drug offenses will be referred to the Assessment and Referral Committee.

5. Assessment and Referral Committee:

- a. The local Assessment and Referral Committee will convene at the discretion of the chairperson as soon as it is feasible after the date of a student drug offense. A copy of the arrest report (if available) will be provided to the local school by the director of continuation education. A copy of the final dispensation by the local School Assessment and Referral Committee shall be forwarded to the director of continuation education and the director of pupil personnel services.
- b. For incidents of student drug offense, where further action is desired, the Assessment and Referral Committee shall prepare and send to the director of continuation education and to the director of pupil personnel services a copy of the Assessment and Referral Committee report with recommendations for action. Copies of the request for expulsion forms along with the police report and the cumulative folder should also be forwarded to the director of continuation education.

6. Director of Continuation: Prior to convening the Administrative Review Committee, the director of continuation education shall:

- a. Request necessary lab tests, conduct interviews, and further determine the nature and degree of involvement of the student in the alleged drug offense. Signed declarations by arresting officers, local school staff, and certified lab reports shall be obtained.
- b. Communicate with the local school on sufficiency of evidence and legality of process.
- c. Upon receipt of the above information, prepare a letter to the parents (certified mail with return receipt guaranteed) notifying them that they may appear before an Administrative Review Committee, which will be convened at least four working days prior to the Board meeting at which the case will be presented. Letters to parents must include copies of all evidence to be presented.

7. Administrative Review Committee: The director of continuation education will convene and chair the Administrative Review Committee. It is the responsibility of the committee to:

- a. Examine the evidence and degree of involvement in the drug offense by the student.
- b. Answer questions posed by student or parents.

8. Post Administrative Review Committee Procedures:

- a. The director of continuation education shall prepare copies of the report to the Board. The report and copies of all evidence documents shall be sent to the assistant to the superintendent. The cumulative folder and the original police reports (when available) are to be made available at the Board meeting.
- b. The superintendent will place the requested actions on the Board agenda.

- c. The Board will grant, when requested, either a closed or open hearing on the case. Official action shall be taken in the open Board meeting. The Board has the sole responsibility for an expulsion action.
- d. The director of continuation education shall notify the parent (by registered letter) of the action taken by the Board. In the case of expulsion, he or she will forward cumulative folders, including certified copies of all correspondence, to the director of pupil personnel services.

9. Readmission Procedures: In all cases where the Board has taken action, all records and data are to be forwarded to the office of the director of pupil personnel services. The following process and sequencing will be utilized in readmission of a student:

- a. The director of pupil personnel services shall review the student's record and establish a time and place for the preliminary intake conference with both parents and student.
- b. The director of pupil personnel services shall determine a realistic re-entry procedure for the student and the extent of involvement required by the parents. Prior communications with the local Assessment and Referral Committee chairperson is to be initiated by the director of pupil personnel services.
- c. The director of pupil personnel services will prepare a formalized conference readmission contract. Such contract will be the basic document for outlining the alternatives for the individual student and shall be presented to members of the Readmission Committee. Such contract shall be signed by the student, parents, and the director of pupil personnel services. One copy of the contract shall be given to the student, one retained on file with the director of pupil personnel services, and one copy each to the members of the Readmission Committee. The Readmission Committee will determine the extent to which the contract commitments have been fulfilled, and establish a prognosis and time sequencing for readmission. Commitments shall include one or more of the following:
 - (1) Individual or group counseling for student
 - (2) Individual or group counseling for parents
 - (3) Student/parent "rap" sessions
 - (4) A continuing educational program met by contract, correspondence, adult school, or community college, or school outside the district
 - (5) Student employment
 - (6) Transfer to private or parochial school
 - (7) Community involvement (as civic participant, volunteer, etc.)
 - (8) Parent/student involvement in moral and character building organizations and activities
 - (9) Parent/student participation in adult education

- (10) Plan for development of "sense of community" in home and family oriented efforts
- (11) Tangible documentation of attitude, conduct, and personal commitment with letters from clergy, employer, neighbors, etc.

Note: Utilization of, and involvement in, one or more ancillary community agencies for support rehabilitation or habilitation should be considered as a significant criteria for readmission.

- d. The Readmission Committee shall consider the following as criteria for readmission:
 - (1) Date of expulsion as well as nature and extent of the violation
 - (2) General school history, health history, scholarship, and citizenship
 - (3) School involvement (sports, music, etc.) and the community involvement
 - (4) Perception of self and parents: interrelatedness
 - (5) Parental support and attitude and student attitude and behavior
 - (6) Value orientation and decision-making ability
 - (7) Student application letter requesting readmission
 - (8) Degree of commitment to fulfilling specific designated requirements.
 - (9) Recommendations of the local Assessment and Referral Committee and district Administrative Review Committee (where applicable).
- e. The chairperson of the Readmission Committee shall prepare the recommendations for lifting of expulsion or probation for submission to the superintendent and the Board. Action may be taken by the Board at any regularly scheduled meeting on the basis of positive prognosis for the individual student and a positive recommendation by the Readmission Committee.
- f. Expungement of data from the permanent record and cumulative folder shall be a shared responsibility between the registrar at the local school and the

director of pupil personnel services. At the time the student is referred for action to the Board, a notation to this effect should appear on the permanent record. Upon reinstatement, the student's record is expunged of any notations relative to dangerous drugs or narcotics. An expunged record shall simply carry the date the student was officially dropped and the date of reentry. All arrest reports and communications relative to the offense will be expunged before the cumulative folders are returned to the local school. It is the responsibility of the local school registrar to ensure the expungement of the permanent record card located at the local school.

- g. The director of pupil personnel services shall communicate in writing with the student and his/her parents regarding Board actions. All expunged folders shall be sent from the Office of Pupil Personnel Services to the parent school with a notation of expungement stapled to the front cover.
- h. A standardized memo from the Office of Pupil Personnel Services to all local school principals, vice-principals, and counselors, relative to the Board actions, shall be mailed the following day with the names of students eligible for readmission to local schools.

Individual Instructional Program

Under the definition of readmission procedures, as outlined above in the open-ended concept of time sequencing, modified programs for transition back into the regular school program may be appropriate. Provisions shall be made locally with sufficient contract-type instructional service to allow students the opportunity to readjust within the educational environment. The student may be placed full-time or part-time in one of the district's established schools, or may be served on a full-time basis under contract until the next semester.

DATE: Adopted prior to 1984

APPENDIX 11

WATERFORD TOWNSHIP SCHOOL DISTRICT WATERFORD, MICH. Enrollment: 12,300

STUDENT DRUG USE

There are four different identifiable substance abuse problems experienced by the school.

1. The student who is using substances (see policy JFCI for definition) and voluntarily requests help from a staff member.
2. The student who is using substances in the school and does or does not recognize use as a problem to self or the school.
3. The student who is selling or providing substances to others.
4. The visitor or person who is not enrolled in school and who is under the influence of, in possession of, or who may be providing substances to students.

It is conceivable that a single student could fall into more than one of the above categories. This often is not the case, and the procedure for dealing with each situation should be different. In all cases, it is imperative that staff members adhere to the following guidelines:

1. Keep accurate, objective records of all proceedings.
2. Do not unduly involve law enforcement authorities.
3. Release information only in accordance with Waterford School Board policy on student records, which outlines procedures intended to protect the privacy of students and student records.
4. Make judgments that are in the best interest of all individuals involved.
5. Notify the student's parents when a student's health is in immediate danger. In such cases, a building administrator should see that the student is taken to an appropriate medical facility.

CRITERIA FOR DETERMINING THE SELF-IDENTIFIED OR SELF-REFERRED USER

1. Student asks for help from a member of the professional staff or other agency.
2. Student is willing to discontinue abusing substances.
3. Student is willing to work with an appropriate staff member or other agency in seeking a solution to his problem.

The student may be treated for his problem in complete confidence as spelled out in Act 241 of the Public Acts of 1967 as follows:

Sec. (1) A consent to care, treatment or service by a hospital, a public clinic, a private clinic, a physician licensed under Act. No. 149 of the Public Acts of 1967, being Sections 338.1151 to

338.1175 of the Compiled Laws of 1948, when executed by a minor who is or professes to be dependent on or subject to abuses of drugs or narcotics, is valid and binding as if the minor had achieved the age of majority. The consent shall not be subject to later disaffirmation by reason of minority. A parent, guardian or custodian of a minor is not legally responsible for any case, service or treatment rendered under this Act.

- (2) The consent of another person or persons, including but not limited to a spouse, parent, custodian, or guardian is not necessary to authorize such care, treatment or service to be provided to the minor.
- (3) A treating physician may, but is not obligated to inform the spouse, parent, custodian or guardian of the minor as to treatment given or needed.

Procedure

1. The secondary school student's parents should not be contacted without the student's consent unless the administrator feels the student's health is in immediate danger. The counselor (the professional who is working with the student), however, should encourage the student to allow the counselor to involve the parents or the parents may be informed firsthand by the student.
2. The counselor (the professional who is working with the student) will notify the building principal of the student/counselor relationship.
3. No contact will be made with the police.
4. Confidential records will be kept for the purpose of counseling and referral. These records will be kept separate from the student's academic file.

CRITERIA FOR DETERMINING THE USER

1. The student is under the influence of some substance in the school as evidenced by some deviation from his normal behavior pattern.
2. The student possesses substance in such small amount indicating it is for his own use.

Procedure

1. The parents or legal guardian will be notified immediately.
2. If the student's life is in danger, as may be the case under 1 above, the parents will be notified and the appropriate health care facilities contacted. If the health problem is not a medical emergency, the parents should be encouraged to take the student to the appropriate health care facility as soon as possible.
3. If the building administrator, based on evidence at hand, is satisfied that appropriate measures will be taken by the student and the parents and that the problem will not recur, the matter may be closed at this point.
4. If the building administrator is not satisfied that the problem is solved, he will apply the disciplinary guidelines as outlined in the Students' Code of Conduct and the legal authorities may be notified.
5. The building administrator may refer the student and/or parents to a community service agency or to the building's counseling department to help deal with the situation.

CRITERIA FOR DETERMINING THE STUDENT DISTRIBUTOR OF SUBSTANCES

1. The student is found to possess a quantity of substance beyond what could be reasonable for his own immediate use.
2. Police will be notified.
3. The parents will be notified of the situation by a building administrator.
4. The building administrator will notify the appropriate director.
5. If it is determined by the school administrator, under the criteria listed above, that the student has sold, exchanged, distributed, or given away any substance on school property, the administrator will apply the disciplinary guidelines as outlined in the Students' Code of Conduct.

CRITERIA FOR DETERMINING THE NON-STUDENT USER/SELLER OF SUBSTANCES

1. The individual is not presently enrolled in the school.
2. The individual is suspected to be under the influence

of, in possession of, or to be distributing substances.

Procedure

1. If the individual is suspected to be under the influence of, or in possession of, substance, the administrator will request that he leave the school campus.
2. If the individual ignores the administrator's request to leave the campus, or is disruptive or disorderly, the administrator will contact the police department.
3. If sufficient evidence indicates that the non-student/visitor is distributing substances to students, the administrator immediately notifies the police department.

POSSESSION OF UNAUTHORIZED MATERIAL

In addition to the above mentioned categories, another situation involving such substances may occur. Various instruments and materials are commonly known to be intended for the use of, or preparation of substances as defined in policy JFCI. Such instruments would include hash pipes, waterpipes, certain cigarette papers, apparatus used for rolling marijuana cigarettes, spoons used for the inhalation of cocaine, hypodermic syringes, and other similar materials. Because of the intended use implied by these implements, possession and/or distribution by Waterford school students is prohibited and will be dealt with according to the following criteria:

1. The student is found to be in possession of implements that are used for the preparation of or the ingestion of substances.
2. The student is not authorized by medical personnel to possess such implements.

Procedure

1. The unauthorized implements will be confiscated from the student.
2. The parents will be notified.
3. The administrator may apply the disciplinary guidelines found in the Students' Code of Conduct covering possession of unauthorized materials.

DATE: Adopted prior to 1984

APPENDIX 12

Police in Student Clothing: Undercover Drug Operations in Schools

I've had the unfortunate experience of picking up people who have overdosed on drugs in a school setting and covering them up as they were in shock and . . . helping to strap them down to the stretcher as they were being carried out in an ambulance. I've also had the unfortunate experience of being present while police dragged out kids in handcuffs from school for selling drugs. Both of these are very, very sad experiences. But I think I know which one is the more tragic.

— Richard A. Schwartz

Drug abuse prevention experts urge school leaders to combat student drug use by working closely with their communities—especially with local law enforcement officials. Undercover operations—in which police posing as students infiltrate schools to expose drug-related activities—bring school and police officials into close contact. They can be highly effective in limiting drug use, but they require careful planning. Richard A. Schwartz, a North Carolina school board attorney who has been involved in school undercover operations, offers several suggestions for conducting a successful school district undercover drug probe.

First of all, Mr. Schwartz says, an undercover operation should have a clear goal: is it aimed at drug use, drug sales, those who supply to students who sell drugs on campus, or at gathering information about drug activities in the school? "You ought to have a focus," says Mr. Schwartz. "Otherwise, you'll be getting a lot of information and you'll be dealing with it inconsistently." In addition, if specific individuals are the target of the probe, school officials should carefully consult school and police attorneys, because legal issues such as entrapment can arise.

Close cooperation between school and law enforcement officials should begin with a determination of who is initiating the operation, according to Mr. Schwartz, because in each case different legal rules for searches and seizures generally apply. Police must adhere to "probable cause" standards when conducting an investigation. If school officials initiate the procedure, the standard for searches and seizures generally is "reasonable suspicion." The advice of school attorneys also is helpful here.

Financing school undercover operations can be a delicate business, since the success of a drug operation depends on as few people as possible knowing of its existence. Bringing the undercover operation budget up before a school board for a vote, therefore, can seriously jeopardize its success, because at that point all board members become aware of the plan.

In some school systems, Mr. Schwartz says, "The school board has said to the superintendent: 'If you want to do this, that's fine, but we don't want to know about it until it happens.'" In such cases, the superintendent may include money for the undercover operation in a general drug-abuse-prevention fund. In Wake County, N.C., for example, the superintendent "basically had carte blanche from the school board to clean up the drug problem," and he used \$35,000 from the district's drug prevention budget to fund the probe, said Mr. Schwartz.

The importance of secrecy cannot be overemphasized, said Mr. Schwartz—both for the success of the operation and to protect the safety of undercover agents. In two undercover operations conducted in Wake County—one in 1979 and one in 1986—the board remained unaware of the probe until the morning of the student arrests. In that district, the only central school officials who knew in advance were the superintendent, his administrative assistant, one assistant superintendent, and the school attorney. In the high schools involved, each principal was unaware that the operation extended beyond his or her own school.

To ensure a successful outcome, the appropriate school policies must be in place well before the undercover work begins. A well-designed, carefully worded policy can preclude the possibility of due process challenges by arrested students that school policies were vague or "not sufficient to put me on notice," says Mr. Schwartz. (See box, "Elements of School Substance Abuse Policies" at page 18. See also APPENDIX 13 for a sample policy from Schwartz on "Investigations and Arrests by Police.")

The success of an undercover operation also depends heavily upon the proper selection and training of police undercover officers. In the first place, the agents selected must be young enough to pass for high school students, and for this reason may be police cadets who can receive course credit for the experience. Secondly, school officials must have a hand in selecting the agents—because, says Mr. Schwartz, "you don't want an agent in the school setting whom you can't trust." In Wake County, police presented school officials with a group of prospective agents to choose from; the agents were selected after intensive interviews with the school officials involved. Agents should then receive careful training from police and police attorneys in undercover work—including how to simulate ingesting drugs—and in legal issues such as the laws of entrapment.

Agents should know well in advance what their specific duties are, says Mr. Schwartz. "They ought to know what their responsibilities are in the school

setting, and they also ought to know where their limits are." Undercover agents can provide school officials with a variety of general information about drug use in the schools—including where students use or deal drugs—"without trampling anybody's legal rights at all," according to Mr. Schwartz. But they must remember at all times that they are in a school setting and should act accordingly; in spite of the fact that they are undercover agents, he warns, "This is not *Miami Vice*." Mr. Schwartz advocates starting any undercover operation at the beginning of the school year so that the agents can be enrolled as new students. Most drug-using students are extremely suspicious of the student who transfers in the middle of the year, he warns, and will invariably assume he or she is a "narc." In addition, the agents must be provided with a new identity and the appropriate previous school records to dupe guidance counselors and teachers. Because he or she is technically a student, furthermore, homework must be done—a fact that came as something of a shock to undercover police in Wake County.

School officials can assist agents by providing them with a means of positively identifying the student drug users and sellers, whom the agents may know only by nicknames. But perhaps most important for school officials, with respect to the undercover agents, is ensuring their safety during the operation by protecting their identity.

"The undercover agents' safety is of paramount importance," says Mr. Schwartz, because student drug dealers can be ruthless if they become suspicious. "In many cases you're not just dealing with a kid who is selling a joint or two of marijuana," he said. "You may be dealing with some serious big-time drug dealers" who, although they may be only high school juniors or seniors, "may have their own muscle."

School undercover probes culminate in what police refer to as "the bust:" the rounding up and arrest of the student suspects. The day of the arrests is generally a hectic time, but school officials can make some advance preparations. For example, Mr. Schwartz suggests drawing up a list of school disciplinary charges against each student suspect, which should be prepared in close consultation with the school attorney. In addition, he suggests developing a list of parents' telephone numbers, so they can be quickly contacted after the arrests.

In the arrest procedure itself, school officials are faced with a set of difficult choices: whether to arrest the suspects on or off of school grounds, and during or after school.

Arresting the students during school offers several advantages, including access to the student suspects and "tremendous visibility" that can have an equally strong "deterrent effect" on other students, says Mr. Schwartz. On the other hand, he concedes, "It may also reek of storm-trooper type tactics." The approach school officials decide on "should be based upon the needs in your community," says Mr. Schwartz. It can be "somewhat disruptive of the school setting if you have

ten or fifteen or twenty kids being paraded down to the principal's office, read their rights, handcuffed, marched off into police vans, locked up and whisked away," says Mr. Schwartz. "It may also be exactly the disruptive effect you want to have in your school setting. You may conclude . . . that two or three hours worth of that kind of visibility may be worth weeks of education on the dangers and evils of drugs."

Students who are suspected of involvement with drugs face both school disciplinary and criminal charges. The two types of charges must be treated separately, from the moment the students are confronted with their actions, so that one type of charge does not jeopardize the other. Again, in plotting the proper course of action to take on the day of the arrests, Mr. Schwartz urges consulting school lawyers, to make certain that both school disciplinary and criminal charges can be successfully brought.

If the arrest procedure takes place in school, Mr. Schwartz suggests, enforcing the school disciplinary code by suspension. Notification should take place "before the arrest and outside the presence of arresting officers."

Police questioning and arrest of students can be "a tricky legal area," especially if it occurs on a school campus. If police questioning takes place in the principal's office, for example, it may be considered a "custodial interrogation," and any admission made by the student might not stand up under a court challenge because the student can argue he believed he was not free to leave.

Parents should be notified as soon after the arrests as possible, via the telephone list drawn up in advance. A press conference also should be scheduled, at which a previously prepared statement can be read. The press conference is a means of providing the press with access to correct information, thus reducing the risk that they will obtain incomplete information from persons not familiar with the details of the probe. Whatever information is released by school officials, however, should be done in accordance with the terms of student confidentiality regulations. The police may be legally free to release the names of arrested students; the school district may not.

The school board itself may be made aware of the operation only shortly before it becomes public knowledge. In the two Wake County undercover operations, Mr. Schwartz said, the superintendent called for emergency session of the board to meet only one-half hour before the press conference at which the probe was publicly announced.

Following the day of arrests, school officials again must ensure that the criminal justice system does not impede the effectiveness of school disciplinary actions. For example, school disciplinary procedures invariably will involve suspensions, which must be preceded by hearings. In many hearings, the police officers' testimony is necessary. Because of this, Mr. Schwartz urges, school officials should have a prior agreement with police officials to make the agents available, "because

once the bust is over, they're off to criminal court and they may not care about your discipline procedures."

Drug-using special-education students present school officials with an entirely different set of rules, including the permissibility of suspension and whether there is a relationship between the alleged drug violation and the student's handicap. Again, these rules should be carefully reviewed by school officials and their attorneys before the day of the arrests, says Mr. Schwartz.

Once the undercover operation is concluded, perhaps the greatest question facing school officials is what to do with the students who have been arrested.

"What do you do if you've got 90 or 100 kids who are drug dealers or accused of dealing drugs, and they're suspended under your policy for the remainder of the school year, and it's only November?" asks Mr. Schwartz.

Although he concedes the plan is not without drawbacks, Schwartz favors providing these students an alternative educational program. Such a program will be costly—Mr. Schwartz estimates it can cost up to \$300,000 to set up an alternative schooling program for 90 drug offenders that begins in November (a likely event in a large school district whose undercover operation started in September)—and it may be perceived as "rewarding" students who have violated school codes and public laws. In addition, developing a student transportation plan for the school can be a

"nightmare," and staffing it may be difficult.

In its favor, however, is the fact that, while initially costly, an alternative educational program can "cut down tremendously on your legal challenges and appeals"—since students cannot argue that they are being deprived of their schooling.

"You're either going to have to pay your lawyer or you can put it into an alternative educational program," argues Mr. Schwartz. He notes that controlling those students enrolled there can be made less difficult by certain court mandates associated with their drug convictions. For example, a court can require students convicted of drug use to receive drug counseling. Probation requirements can govern school attendance, conduct and even urinalysis, he said.

In addition to its effect upon students involved with drugs, an undercover operation can have a variety of other influences, says Mr. Schwartz. It can raise community awareness about student drug use. It can open the eyes of faculty and administration and perhaps involve them in drug abuse prevention measures. Finally, a successful undercover operation can inhibit drug use among students for years to come.

"For a long time thereafter, everybody is looking over their shoulders, and that has a tremendous deterrent effect," says Mr. Schwartz.

APPENDIX 13

WAKE COUNTY, N.C.—SAMPLE POLICY INVESTIGATIONS AND ARRESTS BY POLICE

Police may be called to the schools at the request of the school administration. If the police wish to come to a school for official business, they first must contact the school administration. Contact between the school and the police department on matters involving students shall be made through the officer of the principal or superintendent and the officer of the police department.

The police have ample opportunity to talk to a student away from the school and before or after school hours. They should be encouraged to do so. Law enforcement authorities should be allowed to conduct an interview in the school only if they can show that special circumstances exist or if the interview is to be conducted at the request of the school. This determination should be made by the principal or superintendent. Circumstances where the health, life or safety of the child are at risk if the interview were conducted at home would come within this category, i.e. child abuse, etc.

Throughout this process, all attempts should be made to avoid embarrassing the student before his teachers and peers and to avoid disrupting the educational program of the student and the school.

- A. If the police have a warrant for the student's arrest, they must be permitted to arrest the student; however, whenever possible the arrest should be conducted in the principal's office out of the view of other students. Before removing a student from school, the police shall sign a release form in which they assume full responsibility for the student.

- B. Law enforcement personnel should not be allowed to roam about the school until the student is found. They should remain in the administration office while school personnel seek out the student.
- C. If possible, the educational program of the student should not be disrupted to allow for police questioning of the student during class time.
- D. Any questioning by police, if allowed, should be conducted in a private room or area where confidentiality can be maintained. This should be an area removed from observation by or contact with other pupils and school personnel.
- E. If law enforcement officials are to be allowed to question a student under the age of eighteen, a reasonable attempt shall be made to notify the parents except in cases of suspected child abuse or child neglect involving the parent. The parents should be given the opportunity to come to the school prior to the questioning.*
- F. If the parents are notified and able to attend, they should be allowed to be present at the interview. The school administrator should be present at the interview, but should not take part in any questioning. The administrator should at all times remain a neutral observer.

* Some state statutes require that a juvenile in custody must be advised prior to questioning of his Miranda rights and his right to have a parent or guardian present during questioning. See, e.g., N.C. Gen. Stat. §7A-595.

ABOUT NSBA

The National School Boards Association is located in Alexandria, Virginia, within the Washington, D.C., metropolitan area. NSBA is a not-for-profit organization whose primary mission is the general advancement of public education through the unique North American system of representative and participatory government, whereby elementary and secondary school policy is decided by local school board members who are directly accountable to the community. Over 95% are elected, and the remainder are appointed by elected officials.

Federation Members of NSBA are the 49 state associations of local school boards, the Hawaii State Board of Education, and the boards of education in the District of Columbia and the U.S. Virgin Islands.

NSBA promotes the quality of public elementary and secondary schools through services to its Federation Members and local school boards; by increasing school board impact on federal education laws and regulations; and by maintaining liaison with other education organizations and governmental authorities.

In so doing, NSBA represents the interests of school boards before Congress, federal agencies and in court cases relating to education; provides education and training programs for school board members; provides school district management services; and offers to school boards a variety of other services including an annual convention and the Institute for the Transfer of Technology to Education (ITTE).

The NSBA Federal Relations Network, composed of up to three school board members in each Congressional district, plays a major role in NSBA's education advocacy program in Washington, D.C.

Three major publications are produced by NSBA: the award-winning monthly magazine, *The American School Board Journal*; the monthly magazine, *The Executive Educator*, and a fortnightly newspaper, *School Board News*.

Seven constituent groups within the Federation play a significant role in NSBA's efforts to serve Federation Member and school board needs:

- The Council of Urban Boards of Education focuses on the unique needs of urban school boards.
- The Large District Forum serves the special needs of large but non-urban school districts.
- The Rural District Forum serves rural and small enrollment districts.
- The Federation Member Executive Directors' NSBA Liaison Committee links the top executives within the Federation.
- The Council of School Attorneys focuses on issues of school law.
- The Conference of School Boards Association Communicators serves NSBA and Federation Member communications professionals.
- The Federal Policy Coordinators' Network focuses on the administration of federally funded programs.

NSBA maintains close liaison with other groups, such as the National Caucus of Black School Board Members, National Caucus of Hispanic School Board Members, National Caucus of Young School Board Members, National Association of State Boards of Education, American Association of School Administrators, Forum of Education Organization Leaders (FEOL), Education Leaders Consortium (ELC), National Governors' Association, National Conference of State Legislatures, and Education Commission of the States.

Founded in 1940, NSBA represents the nation's 97,000 school board members who, in turn, represent the more than 40 million public school children in the U.S., which account for about 90% of all elementary and secondary school students in the nation. About 1,900 local school boards are NSBA Direct Affiliates.

NSBA policy is determined by a 150-member Delegate Assembly composed of active school board members across the country. Translating this policy into action programs is a Board of Directors consisting of 21 members and three *ex-officio* members. The executive director administers NSBA programs, assisted by a professional staff.

NEBA

National Endowment for the Arts
1000 New York Avenue, N.W.
Washington, D.C. 20004
(202) 696-6400